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THE MISDEEDS OF PSYCHOANALYSIS

XXXIV chapter of *The Reign of Quantity and the Signs of the Times*

By René Guénon

IN PASSING FROM PHILOSOPHY TO PSYCHOLOGY it will be found that identical tendencies appear once again in the latter, and in the most recent schools of psychology they assume a far more dangerous aspect, for instead of taking the form of mere theoretical postulates they are given practical applications of a very disturbing character; the most 'representative' of these new methods, from the point of view of the present study, are those grouped under the general heading of 'psychoanalysis'. It may be noted that, by a curious inconsistency, their handling of elements indubitably belonging to the subtle order continues to be accompanied in many psychologists by a materialistic attitude, no doubt because of their earlier training, as well as because of their present ignorance of the true nature of the elements they are bringing into play (1); is it not one of the strangest characteristics of modern science that it never knows exactly what the object of its studies really is, even when only the forces of the corporeal domain are in question? It goes without saying too that there is a kind of 'laboratory psychology', the endpoint of the process of limitation and of materialization of which the 'philosophico-literary' psychology of university teaching was but a less advanced stage, and now no more than a sort of accessory branch of psychology, which still continues to coexist with the new theories and methods; to this branch apply the preceding observations on the attempts that have been made to reduce psychology itself to a quantitative science.

There is certainly something more than a mere question of vocabulary in the fact, very significant in itself, that present-day psychology considers nothing but the 'subconscious', and never the 'superconscious', which ought logically to be its correlative; there is no doubt that this usage expresses the idea of an extension operating only in a downward direction, that is, toward the aspect of things that corresponds, both here in the human being and elsewhere in the cosmic environment,

to the 'fissures' through which the most 'malefic' influences of the subtle world penetrate, influences having a character than can truthfully and literally be described as 'infernal' (2). There are also some who adopt the term 'unconscious' as a synonym or equivalent of 'subconscious', and this term, taken literally, would seem to refer to an even lower level, but as a matter of fact it only corresponds less closely to reality; if the object of study were really unconscious it is difficult to see how it could be spoken of at all, especially in psychological terms; and besides, what good reason is there, other than mere materialistic and mechanistic prejudice, for assuming that anything unconscious really exists? However that may be, there is another thing worthy of note, and that is the strange illusion which leads psychologists to regard states as being more 'profound' when they are quite simply more inferior; is not this already an indication of the tendency to run counter to spirituality, which alone can be truly profound since it alone touches the principle and the very center of the being? Correspondingly, since the domain of psychology is not extended upward, the 'superconscious' naturally remains as strange to it and as cut off from it as ever; and when psychology happens to meet anything related to the 'superconscious', it tries to annex it merely by assimilating it to the 'superconscious'. This particular procedure is almost invariably characteristic of its so-called explanations of such things as religion and mysticism, together with certain aspects of Eastern doctrine such as Yoga; there are therefore features in this confusion of the superior with the inferior that can properly be regarded as constituting a real subversion.

It should also be noted that psychology, as well as the 'new philosophy', tends in its appeal to the subconscious to approach more and more closely to 'metapsychics' (3); and in the same way it cannot avoid making an approach, though perhaps unwittingly (at least in the case of those of its representatives who are determined to remain materialists in spite of everything), to spiritualism and to other more or less similar things, all of which rely without doubt on the same obscure elements of a debased psychism. These same things, of which the origin and the character are more than suspect, thus appear in the guise of 'precursory' movements and as the allies of recent psychology, which introduces the elements in question into the contemporary purview of what is admitted to be 'official' science, and although it

introduces them in a roundabout way (nonetheless by an easier way than that of 'metapsychics', the latter being still disputed in some quarters), it is very difficult to think that the part psychology is called upon to play in the present state of the world is other than one of active participation in the second phase of anti-traditional action. In this connection, the recently mentioned pretensions of ordinary psychology to annex, by forcible assimilation to the 'subconscious', certain things that by their very nature elude it, only belong to what may be called the 'childish' side of the affair, though they are fairly clearly subversive in tendency; for explanations of that sort, just like the 'sociological' explanations of the same things, are really of a 'simplistic' ingenuousness that sometimes reaches buffoonery; but in any case, that sort of thing is far less serious, so far as its real consequences are concerned, than the truly 'satanic' side now to be examined more closely in relation to the new psychology.

A 'satanic' character is revealed with particular clarity in the psychoanalytic interpretations of symbolism, or of what is held rightly or wrongly to be symbolism, this last proviso being inserted because on this point as on many others, if the details were gone into, there would be many distinctions to make and many confusions to dissipate: thus, to take only one typical example, a vision in which is expressed some 'supra-human' inspiration is truly symbolic, whereas an ordinary dream is not so, whatever the outward appearances may be. Psychologists of earlier schools had of course themselves often tried to explain symbolism in their own way and to bring it within the range of their own conceptions; in any such case, if symbolism is really in question at all, explanations in terms of purely human elements fail to recognize anything that is essential, as indeed they do whenever affairs of a traditional order are concerned; if on the other hand human affairs alone are really in question, then it must be a case of false symbolism, but then the very fact of calling it by that name reveals once more the same mistake about the nature of true symbolism. This applies equally to the matters to which the psychoanalysts devote their attention, but with the difference that in their case the things to be taken into consideration are not simply human, but also to a great extent 'infra-human'; it is then that we come into the presence, not only of a debasement, but of a complete subversion; and every subversion, even if it only arises, at least in the first place, from incomprehension and

ignorance (than which nothing is better adapted for exploitation to such ends), is always inherently 'satanic' in the true sense of the word. Besides this, the generally ignoble and repulsive character of psychoanalytical interpretations is an entirely reliable 'mark' in this connection; and it is particularly significant from our point of view, as has been shown elsewhere (4), that this very same 'mark' appears again in certain spiritualist manifestations-anyone who sees in this no more than a mere 'coincidence' must'surely have much good will, if indeed he is not completely blind. In most cases the psychoanalysts may well be quite as unconscious as are the spiritualists of what is really involved in these matters; but the former no less than the latter appear to be 'guided' by a subversive will making use in each case of elements that are of the same order, if not precisely identical. This subversive will, whatever may be the beings in which it is incarnated, is certainly conscious enough, at least in those beings, and it is related to intentions that are doubtless very different from any that can be suspected by people who are only the unconscious instruments whereby those intentions are translated into action.

Under such conditions, it is all too clear that resort to psychoanalysis for purposes of therapy, this being the usual reason for its employment, cannot but be extremely dangerous for those who undergo it, and even to those who apply it, for they are concerned with things that can never be handled with impunity; it would not be taking an exaggerated view to see in this one of the means specially brought into play in order to increase to the greatest possible extent the disequilibrium of the modern world and to lead it on toward final dissolution (5). Those who practice such methods are on the other hand without doubt convinced of the benefits afforded by the results they obtain; theirs is however the very delusion that makes the diffusion of these methods possible, and it marks the real difference subsisting between the intentions of the 'practitioners' and the intentions of the will that presides over the work in which the practitioners only collaborate blindly. In fact, the only effect of psychoanalysis must be to bring to the surface, by making it fully conscious, the whole content of those lower depths of the being that can properly be called the 'sub-conscious'; moreover, the individual concerned is already psychologically weak by hypothesis, for if he were otherwise he would experience no need to resort to treatment of this description; he is

by so much the less able to resist 'subversion', and he is in grave danger of foundering irremediably in the chaos of dark forces thus imprudently let loose; even if he manages in spite of everything to escape, he will at least retain throughout the rest of his life an imprint like an ineradicable 'stain' within himself.

Someone may raise an objection here, based on a supposed analogy with the 'descent into hell' as is met with in the preliminary phases of the initiatic journey; but any such assimilation is completely false, for the two aims have nothing in common, nor have the conditions of the 'subject' in the two cases; there can be no question of anything other than a profane parody, and that idea alone is enough to impart to the whole affair a somewhat disturbing suggestion of 'counterfeit'. The truth is that this supposed 'descent into hell', which is not followed by any 're-ascent', is quite simply a 'fall into the mire', as it is called according to the symbolism of some of the ancient Mysteries. It is known that this 'mire' was figuratively represented as the road leading to Eleusis, and that those who fell into it were profane people who claimed initiation without being qualified to receive it, and so were only the victims of their own imprudence. It may be mentioned that such 'mires' really exist in the macrocosmic as well as in the microcosmic order; this is directly connected with the question of the 'outer darkness' (6) and certain relevant Gospel texts could be recalled, the meaning of which agrees exactly with what has just been explained. In the 'descent into hell' the being finally exhausts certain inferior possibilities in order to be able to rise thereafter to superior states; in the 'fall into the mire' on the other hand, the inferior possibilities take possession of him, dominate him, and end by submerging him completely.

There was occasion in the previous paragraph again to use the word 'counterfeit'; the impression it conveys is greatly strengthened by some other considerations, such as the denaturing of symbolism previously mentioned, and the same kind of denaturing tends to spread to everything that contains any element of a 'supra-human' order, as is shown by the attitude adopted toward religion (7) and toward doctrines of a metaphysical and initiatic order such as Yoga. Even these last do not escape this new kind of interpretation, which is carried to such a point that some proceed to assimilate the methods of spiritual 'realization' to the therapeutical procedures of psychoanalysis. This is something even worse than the cruder deformations also

current in the West, such as those in which the methods of Yoga are seen as a sort of 'physical culture or as therapeutic methods of a purely physiological kind, for their very crudity makes such deformations less dangerous than those that appear in a more subtle guise. The subtler kind are the more dangerous not simply because they are liable to lead astray minds on which the less subtle could obtain no hold; they are certainly dangerous for that reason, but there is another reason affecting a much wider field, identical with that which has been described as making the materialistic conception less dangerous than conceptions involving recourse to an inferior psychism. Of course the purely spiritual aim, which alone constitutes the essentiality of Yoga as such, and without which the very use of the word becomes a mere absurdity, is no less completely unrecognized in the one case than in the other. Yoga is in fact no more a kind of psychic therapy than it is a kind of physiological therapy, and its methods are in no way and in no degree a treatment for people who are in any way ill or unbalanced; very far from that, they are on the contrary intended exclusively for those who must from the start and in their own natural dispositions be as perfectly balanced as possible if they are to realize the spiritual development which is the only object of the methods; but all these matters, as will readily be understood, are strictly linked up with the whole question of initiatic qualification (8).

But this is not yet all, for one other thing under the heading of 'counterfeit' is perhaps even more worthy of note than anything mentioned so far, and that is the requirement imposed on anyone who wants to practise psychoanalysis as a profession of being first 'psychoanalyzed' himself. This implies above all a recognition of the fact that the being who has undergone this operation is never again the same as he was before, in other words, to repeat an expression already used above, it leaves in him an ineradicable imprint, as does initiation, but as it were in an opposite sense, for what is here in question is not a spiritual development, but the development of an inferior psychism. In addition, there is an evident imitation of the initiatic transmission; but, bearing in mind the difference in the nature of the influences that intervene, and in view of the fact that the production of an effective result does not allow the practice to be regarded as nothing but a mere pretence without real significance, the psycho-

analytic transmission is really more comparable to the transmission effected in a domain such as that of magic, or even more accurately that of sorcery. And there remains yet another very obscure point concerning the actual origin of the transmission: it is obviously impossible to give to anyone else what one does not possess oneself, and moreover the invention of psychoanalysis is quite recent; so from what source did the first psychoanalysts obtain the 'powers' that they communicate to their disciples, and by whom were they themselves 'psychoanalyzed' in the first place? To ask this question is only logical, at least for anyone capable of a little reflection, though it is probably highly indiscreet, and it is more than doubtful whether a satisfactory answer will ever be obtained; but even without any such answer this kind of psychic transmission reveals a truly sinister 'mark' in the resemblances it calls to mind: from this point of view psychoanalysis presents a rather terrifying likeness to certain 'sacraments of the devil'.

Notes

(1) The case of Freud himself, founder of 'psychoanalysis', is quite typical in this respect, for he never ceased to declare himself a materialist. One further remark: why is it that the principal representatives of the new tendencies, like Einstein in physics, Bergson in philosophy, Freud in psychology, and many others of less importance, are almost all of Jewish origin, unless it he because there is something involved that is closely hound up with the 'malefic' and dissolving aspect of nomadism when it is deviated, and because that aspect must inevitably predominate in Jews detached from their tradition?

(2) It may be noted in this connection that Freud put at the head of his *The Interpretation of Dreams* the following very significant epigram: *Flectere si nequea superos, Acheronta movebo* (Virgil, *Aeneid*, VII, 312).

(3) Incidentally it was the 'psychist' Myers who invented the expression 'subliminal consciousness', which was later replaced in the psychological vocabulary for the sake of brevity by the word 'subconscious').

(4) See *The Spiritist Fallacy*, pt. 2, chap. 10.

(5) Another example of such means is furnished by the comparable employment of 'radioaesthesia', for in this case also psychic elements of the same quality very often come into play, though it must be admitted that they do not appear under the 'hideous' aspect that is so conspicuous in psychoanalysis.

(6) The reader may be referred her~ to what has been said earlier about the symbolism of the 'Great Wall' and of the mountain Lokaloku.

(7) Freud devoted a book specially to the psychoanalytical interpretation of religion, in which his own conceptions are combined with the 'totem ism' of the 'sociological school'.

(8) On an attempt to apply psychoanalytical theories to the Taoist doctrine, which is of the same order as Yoga, see the study by Andre Preau, *La Fleur d'or et le Taoisme sans Tao* [Paris: Bibliotheque Chacornac, 1931], which contains an excellent refutation of the attempted application.

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Does Mental Illness Exist?

Wayne Ramsay, J.D.

An abbreviated version of this essay was published in the January 2019 Bulletin of the Int'l Society for Ethical Psychology and Psychiatry

"As I have stated in an earlier chapter, in the natural world there is no such thing as mental disease or defect, but rather certain patterns of behavior to which, in a given social context, we apply certain names which enable us to talk about and to effect certain changes in the social relationships of those who exhibit them and to effect changes in the individuals themselves. At best, we are left to the imposition of purely arbitrary criteria in selecting such persons." Psychiatrist Philip Q. Roche, M.D., winner of the American Psychiatric Association's Isaac Ray Award for outstanding contributions to forensic psychiatry and the psychiatric aspects of jurisprudence, in his book The Criminal Mind (Farrar, Straus and Cudahy 1958), p. 253

"mental disease...The very term is itself nonsensical, a semantic mistake. The two words cannot go together except metaphorically; you can no more have a mental 'disease' than you can have a purple idea or a wise space." Psychiatrist E. Fuller Torrey, M.D., in his book The Death of Psychiatry (Penguin Books 1974), p. 36

"In The Myth of Mental Illness, I took this semiotic bull by its metaphorical horns and showed that it was "bull" indeed: there is no mental illness." Psychiatry professor Thomas S. Szasz, M.D., in his book Psychiatry: The Science of Lies (Syracuse University Press 2008), p. 24

"I have had to use several terms in this book that I am not comfortable with, but they are in common use and better ones do not exist or are not widely understood. ... Thus I refer sometimes to 'mental illness', although I do not consider that psychiatric conditions are usefully or validly regarded as illnesses." Joanna Moncrieff, M.B.B.S., M.Sc., MRCPsych, M.D., Senior Lecturer in Mental Health Sciences, University College London, UK, in her book The Myth of the Chemical Cure — A Critique of Psychiatric Drug Treatment (Palgrave Macmillan 2009), p. xi (Note on Nomenclature)

"[T]here is no definition of a mental disorder. It's bullshit. I mean, you just can't define it." Allen Frances, M.D., chairperson of the Task Force that created two editions of the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders, DSM-IV (1994) and DSM-IV-TR (2000), quoted by Gary Greenberg, "Inside the Battle to Define Mental Illness", Decembber 27, 2010, Wired magazine

"[T]here is no such thing whatsoever as a psychiatric or psychological disease." Neurologist Fred A. Baughman, M.D., author of The ADHD Fraud: How Psychiatry Makes "Patients" of Normal Children (Trafford Publishing 2006), in his lecture at the Empathic Therapy Conference 2012, "The ADHD/ Stimulent Epidemic" (at the 33 minute, 2 seconds point), available for purchase on DVD at EmpathicTherapy.org

"... we have argued, the existence of a disease of mental illness has never been established ... together we've amassed over seventy-five years of teaching mental health courses in graduate schools of social work to thousands of students and practitioners ... after more than ten decades of determined research and the expenditure of untold sums, no one can verify that madness is a medical disease. ... There is, of course, the unpredictable but remote possibility that the psychiatric system produces it's 'Gorbachev,' a widely acknowledged leader and spokesperson who says plainly and loudly that the emperor has no clothes, that while many people could use help for their distress or have their disturbance contained to preserve our peace of mind, there is no mental illness." Stuart A. Kirk, D.S.W., Tomi Gomory, Ph.D., & David Cohen, Ph.D., in their book Mad Science—Psychiatric Coersion, Diagnosis, and Drugs (Transaction Publishers 2013), pp. 195, 301, 302, 328 (underline added)

"Nobody should be diagnosed with mental illness." Paula J. Caplan, Ph.D., a psychologist, in her "Diagnosisgate" presentation at the annual conference of the National Association for Rights Protection and Advocacy (narpa.org) in Washington, D.C., August 23, 2015

"Quite often, psychiatrists prefer to talk about a mental disorder, rather than a mental illness or disease, which is because psychiatric diagnoses are social constructs. ... psychiatrists have blown life into a social construct that is nothing but a variation of normal behavior and have given this construct a name, as if it existed in nature and could attack people." Dr. Peter C. Gøtzsche, a physician specializing in internal medicine, and professor of Clinical Research Design and Analysis at the University of Copenhagen, in his book Deadly Psychiatry and Organized Denial (People's Press 2015), pp. 26 & 145

"The conventional mental health industry goes to great lengths in an attempt to perpetuate the myth of mental illness ... ISEPP's goal is to dispel the myth of mental illness. ... The problems we've dubbed mental illnesses are about inter- and intra-personal, spiritual, existential, economic, and political matters, not real disease." Chuck Ruby, Ph.D., a psychologist and Director of the International Society for Ethical Psychology and Psychiatry (ISEPP), in the April 2018 ISEPP newsletter

"[M]ental illnesses cause suffering, and evidence-based treatments are sparse. Indeed, the field has seen no significant pharmaceutical breakthroughs for many years. Biological causes remain elusive, and biomarkers non-existent. ... And common genetic variations with large effects on mental disorders are elusive. ... [T]he American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders (DSM) ... impinges on the territory of healthy mental function." Dr. Adrian Woolfson B.M., B.Ch. (Oxford University), Ph.D. (Cambridge University), "The biological basis of mental illness", Nature, 11 February 2019

All diagnosis and treatment in psychiatry presupposes the existence of something called mental illness, mental disease, or mental disorder. What is meant by disease, illness, or disorder? In a semantic sense disease means simply dis-ease, the opposite of ease. But by disease we don't mean anything that causes a lack of ease, since this definition would mean losing one's job or a war or economic recession or an argument with one's spouse qualifies as "disease". In his book Is Alcoholism Hereditary? psychiatrist Donald W. Goodwin, M.D., discuss-es the defini-tion of disease and concludes "Dis-eases are something people see doctors for. ... Physicians are consulted about the problem of alcoholism and therefore alcoholism becomes, by this defini-tion, a disease" (Ballantine Books 1988, p. 61). Accepting this definition, if for some reason people consulted physicians about how to get the economy out of recession or how to solve a disagree-ment with one's mate or a bordering nation, these problems would also qualify as "disease". But everybody knows this is not what we mean when we use the word disease. In his discus-sion of the definition of disease, Dr. Goodwin acknowledges there is "a narrow definition of disease that requires the presence of a biological abnormality" (Id). In his book Psychiatry—The Science of Lies (Syracuse University Press 2008, p. 33), psychiatry professor Thomas Szasz, M.D., says "Disease is an abnormal condition of the body, impairing its function." Dr. Szasz's definition of disease is consistent with the definition in Dorland's Illustrated Medical Dictionary, 32nd Edition (Elsevier Sanders 2012). Dorland's is the most highly respected medical dictionary in existence. Dorland's defines "illness" with a single word: "disease" (p. 914) and defines disease as follows (p. 527):

dis.ease (dĭ-zēz) [Fr. dès from + aise ease] any deviation from or interruption of the normal structure or function of a part, organ, or system of the body as manifested by charac-ter-istic symptoms and signs; the etiology, pathology, and prog-nosis may be known or unknown. [underline added]

By this definition, if no abnormality of the body can be found, no disease or illness can be known to exist. Unproved theories about etiology, pathology and prognosis are speculation. In this essay and those that follow, I will show there are no known biological or bodily abnor-malities causing -so-called mental illness or mental disease and that therefore they have not been proved to exist. Equally importantly, I will show so-called mental illness, disease, or disorder does not exist in even a non-biological sense other than as a way of expressing disapproval of some aspect of a person's behavior or thinking.

The term "disorder" is often incorrectly used interchangeably with illness or disease. In January 2012 I had a conversation with a "board-certified behavior analyst", a type of mental health professional separate from psychiatry, psychology, counselling, and social work I had not heard of before. (See the Behavior Analyst Certification Board web site, bacb.com.) She told me she was employed full-time working with autistic children in a public school. When I ques-tioned the reality of autism as a disease, she replied, "It's not a disease. It's a disorder." In Lecture 13 of his "Medical Myths, Lies, and Half-Truths" course (available on DVD at thegreatcourses.com), Steven Novella, M.D., a neurology pro-fessor at Yale School of Medicine, pro-vides these definitions:

The core myth of this lecture is that all diagnoses are the same and are equally valid, when the truth is that we arrive at these labels in very different ways.

For example, there are some diagnoses which we would call a disease, a disease like diabetes, which is a pathological disorder where we can identify that there is something specific malfunctioning in some specific part of the body that is leading directly to these signs and symptoms that make up the diagnosis.

We also may use the term "disorder". Now a disorder does not necessarily have any pathological change in any cells, but there is some problem with functioning that is identifiable. So an example of a disorder would be attention deficit and hyperactivity disorder.

Versus a syndrome: A syndrome is a list of signs and symptoms that tend to occur together.

The usual terms in psychiatry are illness and disorder. An introductory section of the American Psychiatric Association's most recent Diagnostic and Statistical Manual of Mental Disorders, the Fifth Edition published in 2013 (DSM-5), under the headline "Definition of a Mental Disorder" says "A mental disorder is a syndrome..." (p. 20). As Dr. Novella suggests, a diagnosis of "disorder" or "syndrome" is not as valid as diagnosis of a disease or illness because of the lack of a known biological cause or etiology.

Joel Paris, M.D., Professor of Psychiatry at McGill University in Montreal, essentially admits the invalidity of the concepts of mental illness and mental disorder in his book Overdiagnosis in Psychiatry: How Modern Psychiatry Lost Its Way While Creating a Diagnosis for Almost All of Life's Misfortunes (Oxford University Press, 2015, pp. 3-4):

Symptoms, when they cluster together, form syndromes. But without a specific etiology, syndromes are not diseases. Since most mental illnesses remain syndromes, psychiatry describes its categories as "disorders." In other words, they do not qualify as diseases in the same way that most medical conditions do. We sometimes forget that mental disorders are convenient labels that lack any ultimate degree of reality. [underline added]

The same definitions of disease (synonymous with illness) and disorder are given by Gwen Olsen, a former pharmaceutical manu-facturer sales repre-senta-tive, in her YouTube.com video "Pharma Not in Business of Health, Healing, Cures, Wellness" (at the 5 minute, 48 second point). She also disputes the validity of the idea of a "disorder":

We need to be aware of what the differences are between diseases, between disorders, and between syndromes. Because if it doesn't have to be scientifically proven, if there are no tests, if there are no blood tests, CAT scans, urine tests, MRIs, if there is nothing to document that you have a disease, then you in fact do not have a disease: You have a disorder, and it has been given and has been diagnosed pretentiously.

Whether called an illness, disease, disorder, or syndrome, the reason responsibility for manage-ment, treatment, elimination, or cure is given to physicians (rather than for example police, clergy, psy-cholo-gists, educators, or magicians) is belief in a biological cause.

The idea of mental illness, disease, disorder, or syndrome as a biological entity is easy to refute:

In his book The Death of Psychiatry (Penguin Books 1974, pp. 38-39), psychiatrist E. Fuller Torrey, M.D., wrote "None of the conditions that we now call mental 'diseases' have any known structural or functional changes in the brain which have been verified as causal." In his book The New Psychiatry, Columbia University psychiatry professor, Jerrold S. Maxmen, M.D., says "It is generally unrecognized that psychiatrists are the only medical specialists who treat disor-ders that, by definition, have no definitively known causes or cures. ... A diagnosis should indicate the cause of a mental disor-der, but as discussed later, since the etiolo-gies of most mental disorders are unknown, current diagnostic systems can't reflect them" (Mentor 1985, pp. 19 & 36, italics in original). In 1988, Seymour S. Kety, M.D., Professor Emeritus of Neuroscience in Psychiatry, and Steven Matthysse, Ph.D., Associate Professor of Psycho-biology, both of Harvard Medical School, said "an impartial reading of the recent literature does not provide the hoped-for clarification of the catecholamine hypotheses, nor does compelling evidence emerge for other biological differences that may characterize the brains of patients with mental disease" (The New Harvard Guide to Psy-chiatry, Harvard University Press, p. 148). In 1992 a panel of experts assembled by the U.S. Congress Office of Technology Assessment concluded: "Many

questions remain about the biology of mental disorders. In fact, re-search has yet to identify specific biological causes for any of these disor-ders. ... Mental disorders are classi-fied on the basis of symptoms because there are as yet no biological markers or laboratory tests for them" (The Biology of Mental Disor-ders, U.S. Gov't Printing Office 1992, pp. 13-14, 46-47). In a December 1996 Psychiatric Times article, "Commentary: Against Biologic Psychiatry", psychiatrist David Kaiser, M.D., says "modern psychiatry has yet to convincingly prove the genetic/biologic cause of any single mental illness." In his book The Essential Guide to Psychi-atric Drugs, Columbia University psychiatry professor Jack M. Gorman, M.D., says "We really do not know what causes any psychi-atric illness" (St. Martin's Press 1997, p. 314). In his book Blaming the Brain—The Truth About Drugs and Mental Health (Free Press 1998, p. 125), Elliot S. Valenstein, Ph.D., Professor Emeritus of Psychology and Neuroscience at the University of Michigan, says: "Contrary to what is often claimed, no biochemical, anatomical, or functional signs have been found that reliably distinguish the brains of mental patients." According to neurologist Fred Baughman, M.D., (Insight magazine, June 28, 1999, p. 13) "there is no scientific data to confirm any mental illness." In their textbook Neurobiology of Mental Illness (Dennis S. Charney, M.D. et al., Oxford Univ. Press 1999, p. vii), three psychiatry professors at Yale University School of Medicine say "We have so far failed to identify bona fide psychiatric disease genes or to delineate the precise etiological and pathophysiological basis of mental disorders." In his book Prozac Backlash (Simon & Schuster 2000, pp. 192-193), Joseph Glenmullen, M.D., clinical instructor in psychiatry at Harvard Medical School, says "In medicine, strict criteria exist for calling a condition a disease. In addition to a predictable cluster of symptoms, the cause of the symptoms or some understanding of their physiology must be established. ... Psychiatry is unique among medical specialties in that... We do not yet have proof either of the cause or the physiology for any psychiatric diagnosis." In his book Commonsense Rebellion: Debunking Psychiatry, Confronting Society (Continuum 2001, p. 277), psychologist Bruce E. Levine, Ph.D., says "no biochemical, neurological, or genetic markers have been found for attention deficit disorder, oppositional defiant disorder, depression, schizophrenia, anxiety, compulsive alcohol and drug abuse, overeating, gambling, or any other so-called mental illness, disease, or disorder." Allen Frances, M.D., chairperson of the DSM-IV Task Force (the committee that created the fourth edition of the American Psy-chia-tric Asso-ciation's Diagnostic and Statistical Manual of Mental Disorders, DSM-IV (1994) and DSM-IV-TR (2000), criticizing the proposed Fifth Edition of this book scheduled for publication in May 2013, notes that "not even 1 biological test is ready for inclusion in the criteria sets for DSM-V" ("A Warning Sign on the Road to DSM-V", psychiatrictimes.com, June 26, 2009). In his book Saving Normal: An Insider's Revolt Against Out-of-Control Psychiatric Diagnosis, DSM-5, Big Pharma, and the Medicalization of Ordinary Life, HarperCollins 2013, pp. 10, 11, 244), Dr. Frances says "The powerful new tools of molecular biology, genetics, and imaging have not yet led to laboratory tests for dementia or depression or schizophrenia or bipolar or obsessive-compulsive disorder or for any other mental disorders ... We still do not have a single laboratory test in psychiatry. ...thousands of studies on hundreds of putative biological markers [for mental illness] have so far come up empty." In 2011, Hagop Akiskal, M.D., Professor of Psychiatry at the University of California at San Diego, acknowledged that "Despite the diligent search for biomarkers for the so-called functional mental disorders during the past 100 years, nothing specific has emerged" ("Biomarkers for Mental Disorders: A Field Whose Time Has Come", psychiatrictimes.com, November 18, 2011). In 2012, Connecticut psychiatrist Simon Sobo, M.D., acknowledged "We haven't yet discovered the etiology of any DSM-IV diagnosis" ("Does Evidence-Based

Medicine Discourage Richer Assessment of Psychopathology and Treat-ment?" psychiatrictimes.com, April 5, 2012). In a lecture at the University of New England on February 25, 2013, British psychiatrist Joanna Moncrieff, M.B.B.S., M.Sc., MRCPsych, M.D., said "There is just absolutely no evidence that anyone with any mental disorder has a chemical imbalance of any sort...absolutely none" ("Joanna Moncrieff—The Myth of the Chemical Cure; The Politics of Psychiatric Drug Treatment", YouTube.com, at 53:52). In 1991 in his book Toxic Psychia-try, psychiatrist Peter Breggin, M.D., said "there is no evidence that any of the common psychological or psychiatric disorders have a genetic or biolog-ical component" (St. Martin's Press, p. 291). 24 years later, on the Coast-to-Coast AM radio show on February 9, 2015, Dr. Breggin said "There is no known physical connection to any psychiatric disorder. There is no genetically determined cause. It's all drug company propaganda, because the pharmaceutical industry with its billions of [advertising] dollars, and the medical industry, thinks you're more likely to take drugs if you think you have a genetic or biological disease." In 2015 in his book Deadly Psychiatry and Organized Denial, Dr. Peter C. Gøtzsche, a physician specializing in internal medicine, and professor of Clinical Research Design and Analysis at the University of Copenhagen, said "it hasn't been possible to demon-strate that people suffering from common mental disorders have brains that are different from healthy people's brains" (People's Press, p. 26).

So if mental illnesses, mental diseases, or mental disorders or syndromes must have a biological etiology or cause to qualify as illness, disease, disorder, or syndrome, none have been proved to exist.

What has happened is this: Biologically normal people can perform or engage in a very wide range of thinking and behavior, only a narrow portion of which is acceptable to people in any given society. People, including psychiatrists, assume without proof that any thinking or behavior outside what is socially acceptable in any particular society must be caused by a biological abnor-mality. This unfounded assumption results in people who think or do things others dislike being thought to have biological problems when in fact they have none. When you falsely blame biological abnormality for behavior or thinking you dislike, you have created the myth of mental illness.

It is sometimes argued that psychiatric drugs "curing" (stopping) the thinking, emo-tions, or behavior that is called mental illness, disease, disorder, or syndrome proves the existence of biological causes of these supposed illnesses, disorders, or syndromes. Referring to psychiatric drugs, a psychologist once said to me "If the cure is biochemical, the cause must be bio-chemical." This argument is nonsense for two reasons: First, aside from placebo effect, psychi-atric drugs don't work, as I explain in Psychiatric Drugs: Cure or Quackery? Second, stopping anything a person is doing by giving him a toxic, disabling drug proves nothing pathological about the behavior you are trying to stop: Suppose someone was playing the piano and you didn't like him doing that. Suppose you forced or persuaded him to take a drug that disabled him so severely that he couldn't play the piano any-more. Would this prove his piano playing was a disorder or was caused by a biological abnor-mality or illness that was treated or cured by the drug? -Most if not all psychi-atric drugs are neurotoxic, producing a greater or lesser degree of general neurologi-cal disabili-ty. So they do stop disliked behavior and may mentally disable a person enough he can no longer feel angry or unhappy or "depressed". But this approach is destructive because it wipes out as much good as bad in a person's thinking, emotions, and behavior. Calling it a

"treatment" or "cure" is absurd. Ex-trap-olat-ing from this that the drug must have cured an underlying biological abnormality that was causing the disliked emotions or behavior is equally absurd.

When confronted with the lack of evi-dence for their belief in mental illness, disease, disorder or syndrome as a biological entity, some defenders of the concept of mental illness or disorder, etc., will assert that mental illness or disorder can exist and can be defined as a "disease" (or illness or disorder) without there being a biological abnormality causing it. The idea of mental disease, illness, disorder, or syndrome as a nonbiological entity requires a more lengthy refuta-tion than the biological argument.

People are thought of as mentally ill or disordered only when their thinking, emotions, or behavior is contrary to what is considered acceptable, that is, when others (or the so-called patients themselves) dislike something about them. One way to show the absurdity of calling something a disease, illness, disorder, or syndrome not because it is caused by a biological abnormality but only because we dislike it or disapprove of it is to look at how values differ from one culture to anoth-er and how values change over time.

In his book The Psychol-ogy of Self-Esteem, Nathaniel Branden, Ph.D., a psycholo-gist, wrote:

> One of the prime tasks of the science of psy-chology is to provide definitions of mental health and men-tal illness. ...But there is no general agreement among psychologists and psychiatrists about the nature of mental health or mental illness—no generally accepted definitions, no basic standard by which to gauge one psycho-logi-cal state or other. Many writers declare that no objective definitions and standards can be estab-lished—that a basic, uni-ver-sally applicable con-cept of mental health is impossible. They assert that, since behavior which is regarded as healthy or normal in one culture may be regard-ed as neurotic or aberrated in another, all criteria are a matter of "cultural bias." The theorists who maintain this position usually insist that the closest one can come to a definition of mental health is: conformity to cultural norms. Thus, they declare that a man is psycho-logically healthy to the extent that he is "well-adjusted" to his culture. ... The obvious questions that such a definition raises, are: What if the values and norms of a given society are irrational? Can mental health consist of being well-adjusted to the irrational? What about Nazi Germany, for instance? Is a cheerful servant of the Nazi state — who feels serenely and happily at home in his social environment — an exponent of mental health? [Bantam Books 1969, pp. 95-96, italics in original]

Dr. Branden is doing several things here: First, he is confusing morali-ty and rationality, saying that respect for human rights is rational when in fact it is not a question of rationality but rather of morality. So psycho-logically and emotionally locked into and blinded by his values is he that Dr. Branden is evidently incapable of seeing the difference. Additionally, Dr. Branden is stating some of his values. Among these values are: Respect for human rights is good; violation of human rights (like Naziism) is bad. And he is saying: Violating these values is "irrationality" or mental illness. Although their practitioners won't admit it and often are not even aware of it, psychiatry and "clinical" psy-chology in

their very essence are about values—values concealed under a veneer of language that makes it sound like they are not furthering values but promoting "health". The answer to the ques-tion Dr. Branden poses is this: A person living in Nazi Germany and well-adjusted to it was "mentally healthy" judged by the values of his own society. Judged by the values of a society in which human rights are respected, he was as sick (meta-phor-ically speaking) as the rest of his culture. A person like myself however says such a person is morally "sick" and recog-nizes that the word sick has not its literal but a meta-phorical meaning. To a person like Dr. Branden who believes in the myth of mental illness, such a person is literally sick and needs a doctor. The difference is a person like myself is recog-nizing my values for what they are: morality. Typically, the believer in mental illness, such as Dr. Branden in this quoted passage, has the same values as I do but is confusing them with health.

One of the most revealing examples is homosexuality, which was officially defined as a mental disorder by the American Psychiatric Association until 1973 but hasn't been since then, although some psychiatrists continued to think of homosexuality as a psycho-logical or psychiatric abnormality or disorder for many years after that, and perhaps some still do. For example, "Even Robert Spitzer, M.D., the chief developer of DSM-III and called by some the psychiatrist of our time, recommended reparative psychotherapy for homosexuality in 2003" (H. Steven Moffic, M.D., "How to End a Psychiatric Epidemic: The Redemption of Psy-chia-try", psychiatrictimes.com, June 11, 2012). Homosexuality was defined as a mental disorder, a "Sexual deviation", on page 44 of the American Psychi-atric Association's standard reference book, DSM-II: Diagnostic and Statistical Manual of Mental Disorders (the 2nd Edition), published in 1968. In 1973 the American Psychiatric Association voted to remove homo-sexuality from its official categories of mental disorder. (See "An Instant Cure", Time magazine, April 1, 1974, p. 45). So when the third edition of this book was published in 1980 it said "homosexuality itself is not considered a mental disorder" (p. 282). The 1987 edition of The Merck Manual of Diagnosis and Therapy states: "The American Psychiatric Association no longer considers homosexuality a psychiatric disease" (p. 1495; note the confusion of "disorder" with "disease"). If mental illness were really an illness in the same sense that physical diseases are, the idea of delet-ing homosexuality or anything else from the categories of illness by having a vote would be as absurd as a group of physicians voting to delete cancer or measles from the concept of disease. The fact that mental disorders can be created or eliminated by having a vote shows they are more like criminal laws than diseases. Mental illness isn't "an illness like any other illness" because, unlike physical disease where there are physical facts to deal with, mental "illness" or "disorder" cannot be demonstrated to exist by reference to anything physical. Unlike physical disease, mental illness or disorder is entirely a question of values, of right and wrong, of appropriate versus inap-propriate. At one time homo-sexuality seemed so weird and hard to understand it was necessary to invoke the concept of mental disease, illness, or disorder to explain it. After homosexu-als success-fully demanded tolerance of their type of sexuality, it was no longer necessary and no longer seemed appropriate to explain homosexu-ality as a mental illness or mental disorder. In 2003 the highest court of Massachusetts ruled in favor of a right under the state consti-tution for homosexuals to marry a person of the same gender (Goodridge v. Department of Public Health, 798 NE2d 941). Later the highest courts of California (In re Marriage Cases, 183 P3d 384), Connecticut (Kerrigan v. Commissioner of Public Health, 957 A2d 407), and Iowa (Varnum v. Brien, 763 NW2d 862) did also. Elected officials as high as U.S. President Barack Obama, a Democrat, criticized

people who dis-crim-inate against or have negative attitudes towards homo-sexuals, as did many speakers at the 2012 Democratic Party Convention. The 2012 Democratic Party Platform says "We support marriage equality and support the movement to secure equal treatment under law for same-sex couples." On November 6, 2012 a majority of voters approved same-sex marriage by referendum in the states of Maryland, Maine, and Washington, the first time homo-sexual marriage was authorized by general election voters rather than by courts or state legislatures. On June 26, 2015, the U.S. Supreme Court, by a 5 to 4 vote, ruled states are required by the Equal Protection Clause of the Fourteenth Amendment to issue marriage licenses to and recognize marriages between same-sex couples. In the span of a few decades, homo-sex-uality went from being a mental illness or disorder to being a celebrated cause. Not coincidentally, the theories about biological abnormalities causing homo-sexuality I used to hear are no longer heard. As will become more apparent as we look at more examples, cultural values rather than biology define what is and is not a mental disorder.

Biological abnormalities are no more responsible for today's so-called mental illnesses than they are, or were, for homo-sexuality. Even if biological abnormalities were or are respon-sible for homo-sexuality and other supposed mental disorders, we wouldn't call them illnesses or disorders if we accepted those differences. The defining characteristic of a mental disorder is simply disapproval.

THE DEFINING CHARACTERISTIC OF MENTAL DISORDER IS SIMPLY DISAPPROVAL

Homosexuality is not the only mental illness or disorder abolished by psychiatric fiat: Neurosis, once thought a common problem, was abolished with the publication of DSM-III in 1980. DSM-III's Introduction (p. 9) says the concept of neurosis was abolished in part because "there is no consensus in our field as to how to define 'neurosis.'"

Being too active as a heterosexual has also been considered a form of mental illness or disorder. In a June 19, 2012 Psychiatric Times article, "History of Psychiatry—Hypersexual Disorder: An Encounter With Don Juan in the Archives", psychiatrictimes.com, Greg Eghigian, Ph.D., says that "Don-Juanism, or Don Juan syndrome, was indeed a recognized diagnosis that referred to forms of male hypersexuality. In history, it was most commonly known as satyr-iasis." He quotes physician Michael Ryan who in 1839 said—

Satyriasis and nymphomania are diseases in which the sufferers evince an irresistible desire for copulation, as well as abuse of the reproductive functions. The first disease attacks the male, the second the female. M.Deslandes is of opinion, and I fully agree with him, that there is no real difference

between these diseases and unbridled mastur-bation; and that both ought to be considered species of insanity.

Contrast this 19th Century view of insanity, or what is now usually called mental illness, with that of the late 20th Century after attitudes about sexuality had changed: The 1970s and 1980s saw the birth of a new psychiatric "diagnosis" which is called by various names. One of the more popular terms for this new mental or psychiatric disease is ISD. These three letters stand for In-hib-ited Sexual Desire. A Reader's Digest article in 1989 says "Psychiatrists and psychol-ogists say that lack of sexual desire—commonly called Inhibited Sexual Desire (ISD)—has emerged as the most common of all sexual complaints." The article says research on ISD is insufficient because "ISD ... was identified as a clinical entity only in the past decade." The article refers to people who have this problem as "ISD patients" (David Gelman, "Not Tonight Dear", Reader's Digest, June 1989, p. 33 at 33-34. See also: Dr. Jennifer Knopf and Dr. Michael Seiler, ISD—Inhibited Sexual Desire, Warner Books 1990). ISD was officially recognized as a mental illness or disorder for the first time in the third edition of the American Psychiatric Asso-cia-tion's Diagnostic and Statistical Manual of Mental Disorders (DSM-III), published in 1980. It appeared in DSM-III's "Psychosexual Disorders" chapter as "Inhibited Sexual Desire" (p. 278) and "Inhibited Sexual Excitement" which the Manual says "has also been termed frigidity or impotence" (p. 279). This supposed disorder was carried forward into DSM-III-R (1987) as "Hypoactive Sexual Desire Disorder" wherein it is defined as "Persistently or recurrently deficient or absent sexual fantasies and desire for sexual activity" (p. 293) and into DSM-IV-TR (published in 2000, pp. 539-541) under the same name and DSM-5 (published in 2013) as "Male Hypoactive Sexual Desire Disorder" (p. 440) and "Female Sexual Interest/Arousal Disorder" (p. 433).

The above 1839 reference to "unbridled masturbation...that...ought to be considered [a] species of insanity", can be contrasted with attitudes about masturbation today. An article in a popular women's magazine in 1989 says "Many doctors and therapists acknowledge that masturbation can improve both your physical health and your mental outlook" (Beverly Whipple and Gina Ogden, "Learning To Be Your Own Best (Sexual) Friend", Cosmopolitan magazine, Sep-tem-ber 1989, p. 122). As psychiatry professor Thomas S. Szasz, M.D., says in his book The Second Sin (Doubleday 1973, p. 10): "Mastur-bation: the primary sexual activity of mankind. In the nineteenth century, it was a disease; in the twentieth, it's a cure."

At one time racism was common and accepted by most people as normal, but after racist attitudes were rejected, "those guilty of racism were considered to have a psychological disorder" (according to psychiatrist H. Steven Moffic, M.D., in his article "Psychism: Defining Discrim-ination of Psychiatry", psychiatrictimes.com, June 4, 2012). At the March 1975 meeting of the American Orthopsychiatric Association, the Association's Committee on Minority Group Children said "Racism is probably the only contagious mental disease" (A. Herndon, "Racism Said to Be America's Chief Mental Health Problem," Psychiatric News, January 21, 1976, pp. 1, 30, cited in Szasz, Schizophrenia, The Sacred Symbol of Psychiatry, pp. 190 & 227). Might racism be caused by a biological abnormality in the brain of a racist? Can mental illnesses be the result of teaching or indoctrination?

A cross-cultural example is suicide. In many countries, such as the United States and Great Britain, a person who commits suicide or attempts to do so or even thinks about it serious-ly is considered mentally ill. However, this has not always been true throughout human history, nor is it true today in all cultures around the world. In his book Why Suicide?, psychologist Eustace Chesser points out that "Neither Hindu-ism nor Buddhism have any intrinsic objections to suicide and in some forms of Buddhism self-incineration is believed to confer special merit." He also points out that "The Celts scorned to wait for old age and enfeeblement. They be-lieved that those who committed suicide before their powers waned went to heaven, and those who died of sickness or became senile went to hell—an inter-esting reversal of Christian doc-trine" (Arrow Books Ltd., London, England, 1968, p. 121-122). In his book Fighting Depres-sion, psychia-trist Harvey M. Ross, M.D., points out that "Some cultures expect the wife to throw herself on her husband's funeral pyre" (Larch-mont Books 1975, p. 20). Probably the best known example of a society where suicide is socially accept-able is Japan. Rather than think-ing of suicide or "hara-kiri" as the Japanese call it as almost always caused by a mental disease or illness, the Japanese in some circum-stanc-es consider suicide the normal, socially accept-able thing to do, such as when one "loses face" or is humiliat-ed by some sort of failure. Another example showing suicide is considered normal, not crazy, in Japanese eyes is the kami-kaze pilots Japan used against the U.S. Navy in World War II. They were given enough fuel for a one-way trip, a suicide mission, to where the attacking U.S. Navy forces were located and deliberately crashed their airplanes into the enemy ships. There has never been an American kamikaze pilot, at least, none officially sponsored by the United States government. The reason for this is different attitudes about suicide in Japan and America. Could suicide be commit-ted only by people with psychiatric ill-ness-es in America and yet be performed by normal per-sons in Japan? Or is acceptance of suicide in Japan a failure or refusal to recog-nize the pres-ence of biological or psychological abnormalities which necessarily must be present for a person to voluntarily end his or her own life? Were the kamikaze pilots mentally ill, or did they and the society they come from simply have different values than we do? Even in America, aren't virtually suicidal acts done for the sake of one's fellow soldiers or for one's country during wartime thought of not as insanity but as bravery? As psychologist Edwin S. Shneidman says in his book The Suicidal Mind (Oxford University Press 1996, p. 5), "Some suicidal acts committed by people on what we call 'suicide missions' or who commit aberrant acts of terrorism are, when done by our side (in times of war), honored and rewarded by medals" (italics in original). Why do we think of such per-sons as heros rather than lunatics? It seems we condemn (or "diagnose") suicidal people as crazy or mentally ill only when they end their own lives for selfish reasons (the "I can't take it any more" kinds of reasons) rather than for the benefit of other people. The real issue seems to be selfishness rather than suicide.

What these examples show is that men-tal "illness", "disease", "disorder" or "syndrome" is simply deviance from what people want or expect in any particular society at any particular time and is not the result of biological abnormality. Men-tal "illness" or "disorder" is anything in human mentality great-ly disliked by the person describing it.

BECAUSE PSYCHIATRY ASSUMES BIOLOGICAL PROBLEMS CAUSE "MENTAL DISORDERS", THE PROFESSION IS BUILT AROUND A MISTAKEN PARADIGM

The situation was aptly summed up in an article in the November 1986 Omni magazine (Gurney Williams III, "Psychofashion", Omni magazine, November 1986, p. 30):

> Disorders come and go. Even Sigmund Freud's concept of neurosis was dropped in the original DSM-III (1980). And in 1973 APA [American Psychiat-ric Association] trustees voted to wipe out almost all references to homosexuali-ty as a disorder. Before the vote, being gay was consid-ered a psychiatric problem. After the vote the disorder was relegated to psychiatry's attic. "It's a matter of fashion," says Dr. John Spiegel of Brandeis University, who was president of the APA in 1973, when the debate over homo-sexual-ity flared. "And fashions keep changing."

What is wrong with this approach is describing people as having a psychiatric dis-ease, illness, disorder, or syndrome only because he or she doesn't match up with a supposed diagnos-tician's or with other people's idea of how a person "should" be in standards of dress, behavior, thinking, or opinion. When a person's behavior violates the rights of others, it must be curbed or stopped with various measures, criminal law being one exam-ple. But assuming non-conform-ity or disliked behavior must be caused by biological abnor-mality only because it is contrary to currently prevail-ing values makes no sense.

One reason we do this is we do not know the real reasons for the thinking, emo-tions, or behavior we dislike. When we don't understand the real reasons, we create myths to provide an explana-tion. In prior centuries people used myths of evil spirit or demon possession to explain unac-ceptable thinking or behav-ior. Today most of us instead believe in the myth of mental illness. Believing in mythologi-cal entities such as evil spirits or mental illnesses gives an illusion of understand-ing, and believing a myth is more comfortable than acknowledging ignorance.

Because psychiatry is based on the assumption biological abnor-mality causes what is thought of as mental illness or disorder, the profession is predicated upon a mistaken paradigm. As psychiatry professor Thomas Szasz says in his book The Second Sin (Anchor Press 1973, p. 99), trying to eliminate a mental illness by having a psychiatrist work on your brain is like trying eliminate cigarette commercials from television by having a TV repairman work on your TV set. Biological "treatments" make no sense if the problem is not biological, and psychiatry has utterly and completely failed to prove what it "treats" is

the result of biological abnormality. Looking for biological causes of "mental disorders" is like looking for electronic causes of bad television programs.

LOOKING FOR BIOLOGICAL CAUSES OF MENTAL DISORDERS

IS LIKE LOOKING FOR ELECTRONIC CAUSES

OF BAD TELEVISION PROGRAMS _____

What if we did find a biological cause of a supposed mental illness, mental disorder, or mental disease or "syndrome"? In the words of psychiatry professor Thomas Szasz:

Of course, there is no blood or other biological test to ascertain the presence of absence of a mental illness, as there is for most bodily diseases. If such a test were developed (for what, theretofore, had been considered a psychiatric illness), then as I noted earlier, the condition would cease to be a mental illness and would be classified, instead, as a symptom of bodily disease. [A Lexicon of Lunacy, Transaction Publishers 1993, p. 33]

Examples of actual biological disease that cause mental changes are brain cancer, stroke, and bacterial or viral infection of the brain. Are these changes thought of as mental illness, mental disease, or as mental disorders or syndromes? No: Mental changes caused by known biological abnormality, or disease, are thought of only as symptoms of bodily disease. Since nothing can be a true illness, disease, disorder, or medical syndrome without a biological abnormality, "mental illness," "mental disorder" and "mental disease" and similar terms are oxymorons: They are internally contradictory, nonsensical terms.

Calling disapproved thinking, emotions, or behav-ior a mental illness or disorder might be excusable if mental illness was a useful myth, but it isn't, because an incorrectly diagnosed problem usually leads to counterproductive solutions. Rather than helping us deal with troubled or trouble-some persons, the myth of mental illness dis-tracts us from the real problems that need to be faced. Rather than being caused by a "chemi-cal imbal-ance" or other biological problem, the noncon-formity, misbehavior, and emotional reactions we call mental illness, disease, dis-order, or syndrome are the result of difficulties people have getting their needs met and the be-havior some people have learned during their lifetimes. The solutions are teaching people how to get their needs met, how to be-have, and using whatever powers of enforce-ment are needed to force people to re-spect the rights of others. These are the tasks of education and law enforce-ment, not medicine or therapy.

Recommended Reading

Thomas S. Szasz, M.D., The Myth of Mental Illness (Dell Pub. Co. 1961)

Thomas S. Szasz, M.D., The Second Sin (Anchor Press 1973)

E. Fuller Torrey, M.D., The Death of Psychiatry (hardcover: Chilton Book Co./paperback: Penguin Books, Inc. 1974)

The Myth of Psychiatric Diagnosis

Wayne Ramsay, J.D.

http://www.wayneramsay.com/diagnosis.htm

"It is always possible to make a psychiatric diagnosis on everyone." — psychiatrist Fredric Neuman, M.D., Director of the Anxiety and Phobia Center at White Plaines Hospital, White Plaines, New York, in his article "Is It Possible to Predict Violent Behavior?", psychologytoday.com, December 26, 2012

In a telephone conversation with a state legislator who at the time was Speaker of her state's House of Representatives, and who had been quoted in a newspaper saying she was proud to have sponsored legislation requiring health insurance policies to pay for psychiatric treatment, I referred to people being "accused of mental illness." She disagreed with or corrected me, saying "It's not an accusation. It's a diagnosis."

People who disagree with the concept of mental illness and with the associated idea of psychiatric diagnosis call psychiatric diagnoses "labels". Such critics allege psychiatric "diagnoses" or labels are no more scientifically valid than pejorative nonscientific insults. As psychologist Jeffrey Schaler said in 2006, "Think of how when people get angry with one another, they inevitably resort to some kind of diagnosis. They say, 'You're crazy! You're mentally ill! You're paranoid!' Can you imagine somebody getting angry with someone and saying 'You have diabetes! You have Parkinson's Disease!'" ("Jeffrey A. Schaler, Ph.D., Professor of Psychology", YouTube.com, accessed Sept. 1, 2012). Accusing someone of mental illness is an insult. Accusing someone of having diabetes or Parkinson's Disease or any other physical illness is not.

Because we do not live our lives in isolation but in a society of other people, and because a psychiatric "diagnosis" changes how other people treat a person, a psychiatric "diagnosis" can deprive a person of many of life's most important opportunities and can harm or ruin a person's life. The childhood taunt, "Sticks and stones can break my bones, but words can never hurt me" simply is not true if the words are a psychiatric "diagnosis":

The problem with psychiatric diagnoses is not that they are meaningless, but that they may be, and often are, swung as semantic blackjacks: cracking the subject's dignity and respectability destroys him just as effectively as cracking his skull. The difference is that the man who wields a blackjack is

recognized by everyone as a thug, but the one who wields a psychiatric diagnoses is not. [Thomas Szasz, M.D., The Second Sin, Anchor Press 1973, p. 71]

Psychiatric "diagnosis" can result in a person who seems normal to the average person, and who is law-abiding, spending his or her whole life imprisoned in a mental institution rather than living in freedom. Psychiatric "diagnosis" can defeat the proper functioning of the system of justice, examples being a person being found not guilty by reason of insanity and avoiding punishment for a serious crime, or a good parent losing custody of his or her child. (See, for example, Chapter 8 "In the Best Interests of the Child—Parental Rights and Psychoexperts" in Whores of the Court: The Fraud of Psychiatric Testimony and the Rape of American Justice, Regan/HarperCollins 1997, by Boston University psychology professor Margaret Hagen, Ph.D.) Psychologist Paula Caplan, Ph.D., highlighted the gravity of psychiatric "diagnosis" in an interview on February 11, 2012 (MindFreedom Live Free Web Radio: "Paula Caplan v. Psychiatric Labeling!", archived at blogtalkradio.com):

Not until recently did very many people understand that psychiatric diagnosis is the fundamental building block of everything else bad that happens in the mental health system. If you don't get a label, you can't get put on drugs that might help you but are more likely to hurt you. If you don't get a label, then you can't lose your job or custody of your kids or your legal rights because of having a label. ... When you hear somebody say "I lost custody of my children because I had a label that I thought was pretty mild, but you know what!: It 'proved' that I'm mentally ill, and they took my children away from me." ... You can't hear these stories, and year after year, more and more, and not try to do something about it. ... people's lives have been destroyed by getting a psychiatric label.

In his book Saving Normal: An Insider's Revolt Against Out-of-Control Psychiatric Diagnosis, DSM-5, Big Pharma, and the Medicalization of Ordinary Life, published in 2013 (Harper Collins pp. xi, xii, 277), psychiatrist Allen Frances, M.D., says this:

I led the Task Force that developed DSM-IV [American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition] and also chaired the department of psychiatry at Duke [University], treated many patients ... DSM has gained a huge societal significance and determines all sorts of important things that have an enormous impact on people's lives like...who gets to be hired for a job, can adopt a child, or pilot a plane, or qualifies for life insurance ... Done poorly, psychiatric diagnosis can be an unmitigated disaster leading to aggressive treatments with horrible complications and life-shattering impact. ... Psychiatric diagnosis is a serious business with major and often lifelong consequences.

In Chapter 3 of Saving Normal, "Diagnostic Inflation", Dr. Frances includes a section quite appropriately titled "The Power to Label Is the Power to Destroy" (p. 109).

Because of the damaging, even life-ruining power of psychiatric "diagnosis" (or of psychiatric "labels"), the validity, accuracy, reliability, and predictability of psychiatric "diagnosis" is important. Investigations repeatedly reveal psychiatric diagnosis has no reliability or validity.

In 1887 Nellie Bly (1867-1922), a newspaper reporter, feigned insanity to gain admission to New York's Blackwell's Island Insane Asylum. She described how she did it and what she saw at the Asylum in a book titled Ten Days in a Mad House (available from amazon.com and free on the Internet). "I had little belief in my ability to deceive the insanity experts," she wrote in Chapter 1, and in Chapter 2, "to be examined by a number of learned physicians who make insanity a specialty, and who daily come in contact with insane people! How could I hope to pass these doctors and convince them that I was crazy?" In Chapter 6, while at Bellevue Hospital, after it was apparent she had succeeded, before her transfer to Blackwell's Island, she wrote: "And so I passed my second medical expert. After this I began to have a smaller regard for the ability of doctors than I ever had before, and a greater one for myself. I felt sure now that no doctor could tell whether people were insane or not".

In chapter 7, listening to Tillie Mayard, a fellow patient at Bellevue Hospital, who had just found out she was in an insane asylum, after being told she was going to a "convalescent ward to be treated for nervous debility", Nellie Bly heard Ms. Mayard say to a doctor, "If you know anything at all you should be able to tell that I am perfectly sane. Why don't you test me?" Bly said the doctor "left the poor girl condemned to an insane asylum, probably for life, without giving her one feeble chance to prove her sanity." In Chapter 8, Bly describes this same Tillie Mayard pleading with a doctor after arriving at Blackwell's Island Insane Asylum:

I could hear her gently but firmly pleading her case. All her remarks were as rational as any I ever heard, and I thought no good physician could help but be impressed with her story. ... She begged that they try all their tests for insanity, if they had any, and give her justice. Poor girl, how my heart ached for her! I determined then and there that I would try by every means to make my mission of benefit to my suffering sisters; that I would show how they are committed without ample trial.

Of herself, Bly wrote in Chapter 1, "From the moment I entered the insane ward on the Island, I made no attempt to keep up the assumed role of insanity. I talked and acted just as I do in ordinary life. Yet strange to say, the more sanely I talked and acted, the crazier I was thought to be by all except one physician, whose kindness and gentle ways I shall not soon forget." Of her own departure from Blackwell's Island, after intervention by her editor, she said:

I left the insane ward with pleasure and regret—pleasure that I was once more able to enjoy the free breath of heaven; regret that I could not have brought with me some of the unfortunate women who lived and suffered with me, and who, I am convinced, are just as sane as I was and am now myself.

A similar experiment was done in the 1970s by Stanford University psychology professor David Rosenhan and his colleagues and published in the January 19, 1973 issue of Science magazine ("On Being Sane in Insane Places", Vol. 179, pp. 250-258). Dr. Rosenhan and seven of his colleagues who had no history of or evidence of mental illness, called "pseudopatients" in the study, went to 12 different psychiatric hospitals on the East and West coasts of the U.S.A. as inpatients where they remained as long as 52 days. They found that no matter how normally they behaved they were not recognized as normal by the psychiatrists and other mental health professionals they came in contact with. Despite being normal, all were prescribed psychiatric drugs: "All told, the [eight] pseudopatients were administered nearly 2100 pills, including Elavil, Stelazine, Compazine, and Thorazine", which undermines the commonly held belief psychiatric drugs are given only to people who need them (as if anybody needs psychiatric drugs: See Psychiatric Drugs: Cure or Quackery?) When the results of this experiment were revealed to the psychiatrists and other staff members of another psychiatric hospital, they "doubted that such an error could occur at their hospital." Dr. Rosenhan said "The staff was informed that at some time during the following 3 months, one or more pseudopatients would attempt to be admitted into the psychiatric hospital." During that time the hospital staff identified "Forty-one patients...with high confidence, to be pseudopatients ... Twenty-three were considered suspect by at least one psychiatrist. ... Actually," said Dr. Rosenhan, "no genuine pseudopatient (at least not from my group) presented himself during this period." Dr. Rosenhan concluded the inability of psychiatrists and other mental health professionals to distinguish normal persons such as himself and his colleagues from true mental patients is "frightening." He said:

How many people, one wonders, are sane but not recognized as such in our psychiatric institutions? How many have been needlessly stripped of their privileges of citizenship, from the right to vote and drive to that of handling their own accounts? How many have feigned insanity in order to avoid the criminal consequences of their behavior, and conversely, how many would rather stand trial than live interminably in a psychiatric hospital but are wrongly thought to be mentally ill? How many have been stigmatized by well-intentioned, but nevertheless erroneous, diagnoses?

In his book Psychiatry: The Science of Lies (Syracuse University Press 2008, pp. 67-68), psychiatry professor Thomas Szasz, M.D., says "The assertion rests on an erroneous premise, namely, that the doctors were interested in distinguishing insane inmates properly committed from sane inmates falsely detained. The whole history of psychiatry belies this assumption. ... each time experience was consulted, it showed that the experts were unable to distinguish the sane from the insane".

The following described study titled "Suggestion Effects in Psychiatric Diagnosis" by psychologist Maurice K. Temerlin, Ph.D., was published in The Journal of Nervous and Mental Disease in 1968 (Vol. 147, No. 4, pp. 349-353): "In order to explore interpersonal influences which might affect psychiatric diagnosis, psychiatrists, clinical psychologists and graduate students in clinical psychology diagnosed a sound-recorded interview with a normal, healthy man." When a group of psychiatrists, psychologists, and psychology graduate students heard the tape-recorded interview after introductory remarks by "a professional person of high prestige" saying the interview was with a perfectly healthy man, the "psychologists, psychiatrists, and graduate students agreed unanimously." When the tape-recording was heard by a group of psychiatrists, psychologists, and psychology graduate students after introductory remarks by "a professional person of high prestige" saying the recorded interview was with a man who "'looked neurotic but actually was quite psychotic' ... diagnoses of psychosis were made by 60 per cent of the psychiatrists, 28 per cent of the clinical psychologists, and 11 per cent of the graduate students", even though they had listened to the same tape-recording. This study like others shows psychiatric "diagnosis" has no reliability and no validity.

It is probably because nothing can be found wrong in the body including brain of supposedly mentally ill people, and because psychiatry has no biological tests distinguishing people who have so-called mental illnesses from those who do not, and therefore has no genuine illnesses or diseases to describe or "diagnose", that the American Psychiatric Association calls its manual the "Diagnostic and Statistical Manual of Mental Disorders", not the "Diagnostic and Statistical Manual of Mental Illnesses" nor the "Diagnostic and Statistical Manual of Mental Diseases". Even calling it a "diagnostic" manual is pretentious and factually incorrect if true diagnosis indicates the cause of a problem. The "diagnoses" in the DSM do not do that. The DSM is a manual of descriptions, not diagnoses. It could be more accurately named the American Psychiatric Association's "Mental Disorders Descrip-tion Manual", or even more candidly, the American Psychiatric Association's "Disapproved Behavior Description Manual".

THE DSM IS A MANUAL OF DESCRIPTIONS, NOT DIAGNOSES

The word "disorder" is the word "order" with the prefix "dis-", which means the opposite of. "Disorder" therefore is the opposite of order. To say something is "dis"-order is to say the opposite is proper. But who is to say what is proper behavior? Is it right for a private unelected organization to decide what behavior is permitted? Isn't that the responsibility of democratically elected law makers or legislators? Why should a private unelected organization such as the American Psychiatric Association

(APA) be empowered to say what behavior is allowed and what behavior is prohibited in America or anywhere else? Who are they? Does the fact that the APA defines as "Hording Disorder" the keeping of so many belongings in your house or apartment they "congest and clutter active living areas and substantially compromises their intended use" (DSM-5, p. 247) mean you don't have a right to keep as many belongings in your home as you want? This isn't merely theoretical: I have a video court reporter record (on DVD) of a 72 year old man in Vancouver, Washington who seemed entirely normal and very intelligent in a one-hour, face-to-face interview with me in 2011 but who had shortly before been placed and was still under an in-volun-tary guardianship imposed in large part because he supposedly had a "hording dis-order." An article in Carol's Home News (October 2011, p. 2) says "Are you a night owl? ... It's not laziness, or simple insomnia, but a condition doctors call Delayed Sleep Phase (DSP) Disorder." In DSM-5, published a year and half after the quoted article, it is called one of the "Circadian Rhythm Sleep-Wake Disorders" (p. 390), specifically "Delayed Sleep Phase Type". It is defined as "a history of a delay in the timing of the major sleep period (usually more than 2 hours) in relation to the desired sleep and wake-up time", even though "When allowed to set their own schedule, individuals with delayed sleep phase type exhibit normal sleep quality and duration for age" (p. 391). Does a group of doctors deciding going to sleep at 4 a.m. and sleeping until noon is a disorder mean you don't have the right to sleep the hours you want? Should you be subjected to involuntary treat-ment if you do? Legislators' delegation of their law-making power to a private organization such as the American Psychiatric Association or to individual physicians, as legislators have with laws authorizing involuntary "hospitalization" or involuntary outpatient "treatment" of people whose behavior or expression of ideas (or sleep schedule) falls within a category of the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders is an arguably illegal, unconstitutional delegation of legislative authority.

Persons no less authoritative than the chairpersons of groups that created the third and fourth editions of the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders, and their revisions (DSM-III, DSM-III-R, DSM-IV and DSM-IV-TR) have admitted the scientific invalidity their own (supposedly) diagnostic systems. In the Foreword to The Loss of Sadness—How Psychiatry Transformed Normal Sorrow Into Depressive Disorder by Alan V. Horwitz, Ph.D., and Jerome C. Wakefield, Ph.D., D.S.W. (Oxford University Press 2007, pp. vii-viii), Robert L. Spitzer, M.D., Professor of Psychiatry at New York State Psychiatric Institute says this:

I was the head of the American Psychiatric Association's task force that in 1980 created the DSM-III (i.e., the third edition of the Diagnostic and Statistical Manual of Mental Disorders, the Association's official listing of recognized mental disorders and the criteria by which they are diagnosed). ... the very success of the DSM and its descriptive [as opposed to diagnostic] criteria at a practical level has allowed the field of psychiatry to ignore some basic conceptual issues that have been lurking at the foundation of the DSM enterprise, especially the question of how to distinguish disorder from normal suffering. ... My involvement in an earlier debate over whether to remove homosexuality from DSM-II in 1973 led me to grapple with the question of how to define mental disorder. I formulated the definitions of mental disorder in the introductions to the DSM-III, the DSM-III-R (the DSM's third edition revised), and the

DSM-IV, which aim to explain the reasons that certain conditions were included in and other types of problems excluded from the Manual. Since then, Dr. Wakefield has critiqued my efforts in ways that I have largely become convinced are valid.

Allen Frances, M.D., was chairperson of the American Psychiatric Association's DSM-IV Task Force, making him the lead author and editor of DSM-IV (1994) and DSM-IV-TR (2000). Psychologist Paula Caplan, Ph.D., in her presentation at the 2012 National Association for Rights Protection and Advocacy Conference, accused Dr. Frances of being the single person most responsible for the pathologizing of normality in psychiatry (at least, prior to the publication of DSM-5). However, in a series of articles criticizing the newest version, DSM-5, many of them available at psychologytoday.com and psychiatric times.com and elsewhere on the Internet, Dr. Frances has vigorously criticized the lack of science and the pathologizing of normality in DSM-5, much of the time seemingly overlooking the fact that many of his criticisms are equally true of DSM-IV and DSM-IV-TR for which he as much as anyone is responsible. Many silly supposed diagnoses in DSM-5 are also found in DSM-IV and DSM-IV-TR: I'll be giving you examples later in this essay. At other times, however, Dr. Frances has accepted responsibility for the psychiatric pathologizing of normal people. In a lecture at the University of Toronto on May 6, 2012, Dr. Frances said "I'm responsible for some of these changes, and in some cases I'm not too proud of the results ... mea culpa ... We're giving too much treatment to people who don't need it" ("Allen J. Frances on the overdiagnosis of mental illness", YouTube.com, at 2:55, 11:00 & 29:30). In his book Saving Normal—An Insider's Revolt Against Out-of-Control Psychiatric Diagnosis, DSM-5, Big Pharma, and the Medicalization of Ordinary Life, Dr. Frances says his own DSM-IV "probably resulted in more harm than good ... DSM-IV did not save normal, or even protect it very well. … Our [the DSM-IV Task Force's] changes contributed directly to the false epidemics of autistic, attention deficit, and adult bipolar disorder, and we did nothing to prevent the overdiagnosis of several other disorders" (HarperCollins 2013, pp. xiv, 73, 75). On November 8, 2011 he said "Since the DSM-5 suggestions will all broaden the definition of mental disorder, why should we not worry about diagnostic inflation and the massive mislabeling of normal people as mentally ill?" ("APA Responds Lamely to the Petition to Reform DSM-5", psychiatrictimes.com, bold print in original). In an article titled "The User's Revolt Against DSM-5: Will It Work?", psychiatrictimes.com, on November 10, 2011, Dr. Frances wrote "When it comes to DSM-5, experience has proven conclusively that the American Psychiatric Association (APA) will not attend to the science, evaluate the risks, or listen to reason. A user's revolt has become the last and only hope for derailing the worst of the DSM-5 suggestions. ...DSM-5 is such a mess."

Let's look at examples of what Dr. Frances is talking about that show how unbelievably broad he and his colleagues and successors at the American Psychiatric Association have made the concept of mental illness or disorder. Open almost any page of DSM-5 and it becomes apparent the psychiatrists and others who wrote it appended the term "disorder" or "syndrome" to the words or phrases that describe almost all of life's ordinary and normal problems, challenges, and temptations, regardless of

how minor. In addition to carrying forward supposed disorders in DSM-IV-TR few persons outside psychiatry would consider mental illness or disorder, DSM-5 creates more.

One of the new mental disorders created with the publication of DSM-5 in 2013 is "Tobacco Use Disorder". You probably never thought a person who enjoys smoking cigarettes, pipes, or cigars, or using chewing tobacco has a mental disorder for only that reason, but now that DSM-5 has been published, they do. The "Diagnostic Criteria" for "Tobacco Use Disorder" (p. 571) say a person has the disorder (or illness?) if he or she manifests at least 2 of 11 criteria. The first 4 of the 11 are: "1. Tobacco is often taken in larger amounts or over a longer period than was intended."; "2. There is a persistent desire or unsuccessful efforts to cut down on or control tobacco use"; "3. A great deal of time is spent in activities necessary to obtain or use tobacco"; "4. Craving, or a strong desire or urge to use tobacco." Probably all tobacco users qualify as mentally disordered under these criteria.

In DSM-IV-TR (p. 631) and DSM-5 (p. 404), nightmares that cause you distress qualify you as having a mental disorder. In DSM-5 "Nightmare Disorder" is defined as "Repeated occurrences of extended, extremely dysphoric, and well-remembered dreams that usually involve efforts to avoid threats to survival, security, or physical integrity" even if "On awakening from the dysphoric dreams, the individual rapidly becomes oriented and alert" if "The sleep disturbance causes clinically significant distress..."

Going to bed late and sleeping late is a "Circadian Rhythm Sleep Disorder...Delayed Sleep Phase Type" in both DSM-IV-TR (2000, p. 622) and DSM-5 (2013, pp. 390-391), but what if you're an early riser? Might that also be a "disorder"? Yes, in this case the diagnosis (actually description) is "Circadian Rhythm Sleep-Wake Disorder ... Advanced Sleep-Wake Type" (DSM-5, p. 393; in DSM-IV-TR, p. 624, it is one of the "Unspecified Type" Circadian Rhythm Sleep Disorders). DSM-5 says "Advanced sleep phase type is characterized by sleep-wake times that are several hours earlier than desired or conventional times" and that "Individuals with advanced sleep phase type are 'morning types'" (p. 393). According to psychiatry's current "diagnostic" standards, if you don't sleep and wake up at "conven-tional times" you have a mental disorder.

Lying or malingering is not just a moral problem but is "Factitious Disorder" in both DSM-IV-TR (p. 517) and DSM-5 (pp. 324-325).

In DSM-5 (p. 462) the criteria for "Oppositional Defiant Disorder", a supposed disorder in children, include "Often loses temper. ... Is often touchy or easily annoyed. ... is often angry and resentful" but only "with at least one individual who is not a sibling." In DSM-5, arguing with siblings is okay, but if you are a child, arguing with a parent or an adult means you have a mental disorder. Oppositional Defiant Disorder also appears in DSM-IV-TR (p. 102) but without the exemption for arguing with siblings.

Becoming angry too often is "Intermittent Explosive Disorder" in DSM-IV-TR (p. 663) and DSM-5 (p. 466).

Do you or have you ever suspected your spouse or intimate partner of infidelity? In that case you have or had "Obsessional jealousy", a subtype of "Other Specified Obsessive-Compulsive and Related Disorder" defined as "nondelusional preoccupation with a partner's perceived infidelity" (pp. 263-264).

No, that's not a misprint: This particular disorder is defined as "nondelusional", but it is still a mental disorder in DSM-5, as if a person should not care very much about a spouse's or intimate partner's infidelity.

Do you often like to get yourself a midnight snack? In that case you have "Night eating syndrome" defined as "Recurrent episodes of night eating, as manifested by eating after awakening from sleep or by excessive food consumption after the evening meal" (DSM-5, p. 354).

In DSM-5, "General Personality Disorder" (p. 646) is defined as "An enduring pattern of inner experience and behavior that deviates markedly from the expectations of the individual's culture." What does conformity with the expectations of the individual's culture have to do with health?

Consider "Social Anxiety Disorder (Social Phobia)": DSM-5 (pp. 203) says "The essential feature of social anxiety disorder is a marked, or intense, fear or anxiety of social situations in which the individual may be scrutinized by others" one example being "performing in front of others (e.g., giving a speech)." DSM-5 (p. 203, bold print in original) says "Specify if: Performance only: If the fear is restricted to speaking or performing in public." That used to be called "stage fright". Now it is, supposedly, a mental disorder. Stage fright is uncomfortable, but is it a "disorder"? Isn't it normal?

According to Tony Dokoupil in his article "Is the Onslaught Making Us Crazy?", (Newsweek, July 16, 2012, p. 24 at 27-28):

When the new DSM [DSM-5] is released next year [2013], Internet Addiction Disorder will be included for the first time, albeit in an appendix tagged "for further study." China, Taiwan, and Korea recently accepted the diagnosis, and began treating problematic Web use as a grave national health crisis. ... two psychiatrists in Taiwan made headlines with the idea of iPhone addiction disorder.

"Internet Addiction Disorder" does not appear in the index of the final published edition of DSM-5, and I'm not finding it anwhere in the book. In Saving Normal (p. 225), Dr. Frances says "DSM-5 finally did back down on many of its worst suggestions when these were scorched in the press." While the DSM-5 Task Force may have been shamed or ridiculed out of the idea of Internet Addiction Disorder, "Internet Gaming Disorder" does appear in DSM-5 as a proposal requiring further study. The "Proposed Criteria" for Internet Gaming Disorder (pp. 795-796) are as follows:

Persistent and recurrent use of the Internet to engage in games, often with other players, leading to clinically significant impairment or distress as indicated by five (or more) of the following in a 12 month period:

1. Preoccupation with Internet games. (The individual thinks about previous gaming activity or anticipates playing the next game; Internet gaming becomes the dominant activity in daily life).

Note: This disorder is distinct from Internet gambling, which is included under gambling disorder.

2. Withdrawal symptoms when Internet gaming is taken away. (These symptoms are typically described as irritability, anxiety, or sadness, but there are no physical signs of pharmacological withdrawal.)

3. Tolerance—the need to spend increasing amounts of time engaged in Internet games.

4. Unsuccessful attempts to control the participation in Internet games.

5. Loss of interests in previous hobbies and entertainment as a result of, and with the exception of, Internet games.

6. Continued excessive use of Internet games despite knowledge of psychosocial problems.

7. Has deceived family members, therapists, or others regarding the amount of Internet gaming.

8. Use of Internet games to escape or relieve a negative mood (e.g., feelings of helplessness, guilt, or anxiety).

9. Has jeopardized or lost a significant relationship, job, or educational or career opportunity because of participation in Internet games.

Note: Only nongambling Internet games are included in this disorder. Use of the Internet for required activities in a business or profession is not included, nor is the disorder intended to include other recreational or social Internet use. Similarly, sexual Internet sites are excluded.

As mentioned in the above proposed criteria for Internet Gaming Disorder, "Gambling Disorder" also appears in DSM-5, and not merely as one of the "Conditions for Further Study". Gambling Disorder is listed in DSM-5 (pp. 585-589) as a 100% valid and not merely proposed mental disorder. In DSM-IV-TR (2000) it was called "Pathological Gambling" (p. 671). Gambling Disorder in DSM-5 has "Diagnostic Criteria" that are similar to those for internet Gaming Disorder: "Persistent and recurrent problematic gambling behavior leading to clinically significant impairment or distress ... Has made repeated unsuccessful efforts to control, cut back, or stop gambling. ... Lies to conceal the extent of involvement with gambling" (etc.)

In an article published on psychiatrictimes.com on August 14, 2012, Dr. Frances says this:

DSM-5 proposes to introduce a category of "Behavioral Addictions," with gambling as the first member and Internet addiction standing next in line to become a possible second. Behavioral

Addictions could eventually easily expand to include passionate attachments to many other common activities. If we can be addicted to gambling and the Internet, why not also include addictions to shopping, excise, sex, work, golf, sunbathing, model railroading, you name it? All passionate interests are at risk for redefinition as mental disorders. ... It should not be counted as a mental disorder and be called an "addiction" just because you really love an activity, get a lot of pleasure from it, and spend a lot of time doing it. ... It is not "addiction" whenever someone gets into trouble because of over-spending, golfing too much, or having repeated sexual indiscretions. That's our human nature, derived from many millions of years of evolutionary experience...

The title of the above quoted article is "Internet Addiction: The Next New Fad Diagnosis". In his book Saving Normal, Dr. Frances says "Fads in psychiatric diagnosis come and go. All of a sudden everyone seems to have the same problem. Quack theories explain the outbreak; quack treatments presume to provide cure. ... psychiatric diagnosis has always been, and still is, so faddish" (pp. 117 & 136). Harvard psychiatry professor Blaise A. Aguirre, M.D., makes a similar observation in his book Borderline Personality Disorder in Adolescents (Fair Winds Press 2007, p. 15):

Psychiatric diagnoses appear to be like cultural fads that come and go. There was a time in child and adolescent psychiatry when everyone had post-traumatic stress disorder (PTSD), and then everyone had bipolar disorder, then Asperger's syndrome, and surely the next big diagnosis will come and go.

Can you imagine a physician saying "There was a time in medicine when we diagnosed everyone as having cancer, and then we started diagnosing everyone as having heart disease, and then we decided everyone had diabetes"? Dr. Aguirre blames "problems in diagnosing psychiatric disorders and the general absence of accurate diagnostic tools and procedures" in psychiatry (Id).

Appearing for the first time in DSM-5 is a childhood disorder called "Disinhibited social Engagement Disorder" (DSM-5, pp. 268-270). Like Gambling Disorder, General Personality Disorder, and Social Anxiety Disorder, Disinhibited Social Engagement Disorder is listed as a 100% valid and not merely proposed mental disorder. According to DSM-5, "The essential feature of disinhibited social engagement disorder is a pattern of behavior that involves culturally inappropriate, overly familiar behavior with relative strangers (Criterion A)." The "Diagnostic Criteria" for this supposed disorder are as follows:

A. A pattern of behavior in which a child actively approaches and interacts with unfamiliar adults and exhibits at least two of the following:

1. Reduced or absent reticence in approaching and interacting with unfamiliar adults.

2. Overly familiar verbal or physical behavior (that is not consistent with culturally sanctioned and with age-appropriate social boundaries).

3. Diminished or absent checking back with adult caregiver after venturing away, even in unfamiliar settings.

4. Willingness to go off with an unfamiliar adult with minimal or no hesitation.

B. The behaviors in Criterion A are not limited to impulsivity (as in attention-deficit/hyperactivity disorder) but include socially disinhibited behavior.

C. The child has experienced a pattern of extremes of insufficient care as evidenced by one of the following:

1. Social neglect or deprivation in the form of persistent lack of having basic emotional needs for comfort, stimulation, and affection met by caregiving adults.

2. Repeated changes of primary caregivers that limit opportunities to form stable attachments (e.g., frequent changes in foster care).

3. Rearing in unusual settings that severely limit opportunities to form selective attachments (e.g., institutions with high child-to-caregiver ratios).

D. The care in Criterion C is presumed to be responsible for the disturbed behavior in Criterion A (e.g., the disturbances in Criterion A began following the pathogenic care in Criterion C).

E. The child has a developmental age of at least 9 months.

Such supposedly diagnostic criteria obviously have nothing to do with real illness, disease, disorder, or any biological problem and are only deviance from what is considered wise or expected behavior, along with psychological theorizing about how a young person learned to behave this way. Frequent changes in adult care givers, making a young person too comfortable with new, unfamiliar adults, becomes "pathogenic".

The lack of anything abnormal from a biological perspective is also apparent in the sex-related "diagnoses" in DSM-5, some of which are amusing:

DSM-5 includes "Voyeuristic Disorder", defined as "recurrent and intense sexual arousal from observing an unsuspecting person who is naked, in the process of disrobing, or engaging in sexual activity, as manifested by fantasies, urges, or behaviors" (p. 686). Perhaps this could have been called Peeping Tom Disorder. (If manifested only by fantasies or urges, and not actual behavior, it could and I think should be considered a type of Orwellian thought crime.)

Exhibitionism, a relatively minor sex crime that is still found in the penal codes of many states of the U.S.A., is now a mental disorder. In DSM-5, "Exhibitionistic Disorder" is defined as "recurrent and intense sexual arousal from the exposure of one's genitals to an unsuspecting person" (p. 689).

DSM-5 defines "Frotteuristic Disorder" as "recurrent and intense sexual arousal from touching or rubbing against a nonconsenting person" (p. 691). In DSM-IV-TR it was called "Frotteurism" (p. 570). When I was a teenager this was called "copping a feel". Now it's a mental disorder.

If Frotteurism or Frotteuristic Disorder is a diagnosable mental disorder, why isn't rape? In fact that proposal has been made. In Whores of the Court: The Fraud of Psychiatric Testimony and the Rape of American Justice (Harper Collins 1997, p. 286) psychology professor Margaret A. Hagen, Ph.D., says the "American Psychiatric Association almost put the 'uncontrollable' desire to rape in the last DSM as a mental disorder. Perhaps it will make it into the next [fifth] edition." It didn't, but if rape ever does make it into a future edition of the DSM, maybe it will be called Paraphilic Rape Disorder. DSM-5 says "The term paraphilia denotes any intense and persistent sexual interest other than sexual interest in genital stimulation or preparatory fondling with phenotypically normal, physically mature, consenting human partners" (p. 685, which after the American Psychiatric Association vote de-illness-izing homosexuality in December 1973 may be of either sex). Rape has in fact been called "Paraphilia Not Otherwise Specified, Nonconsent" by some psychologists: According to psychiatrist Allen Frances, M.D., "The proposal to create a mental disorder for rapists has been raised and unequivocally rejected 5 times" by the writers and editors of various editions of the DSM but "These repeated repudiations haven't prevented poorly trained psychologists testifying as alleged experts ... inventing the fake diagnosis 'Paraphilia Not Otherwise Specified, Nonconsent' and using it as an excuse to justify what are in fact unjustifiable psychiatric commitments" ("DSM-5 Confirms That Rape Is Crime, Not Mental Disorder", psychiatrictimes.com, February 23, 2013). However, there isn't much logic in including Frotteuristic Disorder and not Rape Disorder as a "diagnosis", so the reason we have Frotteuristic Disorder and not Rape Disorder in the DSM is probably more political and strategic than scientific: Defining rape as a mental disorder would get too much attention and dis-crediting news media coverage. It also would mean rapists are by definition mentally ill or disordered and therefore not criminally responsible for their crimes (and might cause legislators dumb enough to take psychiatric "diagnosis" seriously to delete rape from state criminal codes!)

Comedians will find a treasure trove of material in DSM-5.

Dr. Frances' criticisms were for the most part ignored, and as the 2013 publication date for DSM-5 approached, in an article published February 13, 2013, Dr. Frances said this ("DSM5 in Distress", psychologytoday.com):

DSM 5 remains a reckless and poorly written document that will worsen diagnostic inflation, increase inappropriate treatment, create stigma, and cause confusion among clinicians and the public. ... My view is that DSM 5 has taken a fatal hit internationally and is greatly discredited in the US. ... My mission now changes. The people working on DSM 5 are no longer my primary audience... My main job

now is to alert the public and clinicians on ways to contain diagnostic exuberance and to fight back against excessive and misdirected treatment for people who are essentially normal.

Psychologist Paula Caplan, Ph.D., on February 11, 2012 on "MindFreedom (MF) Live Free Web Radio: Paul Caplan v. Psychiatric Labeling!" (archived at blogtalkradio.com, at the 12 minute, 58 second point), said this about the DSM:

I started out as an advocate of the DSM because I believed their advertising, that it was scientifically grounded, and that it would help us help people, so that's why I was in that kind of work. And then when I was on two committees of DSM-IV, I was just horrified. One of my specialties is research methods, and I was appalled to see that when the science is good, but it doesn't fit with what they want, then they ignore it, they distort it, or they lie about it. And when the science is awful, I mean just poorly done, then they'll use that, if it fits with what they want to do.

In his book Psychiatry: The Science of Lies (Syracuse University Press 2008, pp. 18-19) psychiatry professor Thomas Szasz, M.D., says "Modern psychiatry with its Diagnostic and Statistical Manuals of nonexisting diseases and their coercive cures is a monument to quackery on a scale undreamed of in the annals of medicine."

Psychiatrist Ronald W. Pies, M.D., in an article titled "Can Psychiatry be Both A Medical Science and A Healing Art? The Case of Polythetic Pluralism", published October 19, 2011, at psychiatrictimes.com, said this:

...the last two DSMs [DSM-III and IV] can hardly be seen as exemplars of instantiations of "the medical model." As McHugh and Slaveney point out, DSM-III was primarily interested in enhancing diagnostic reliability—essentially, agreement on diagnosis among observers—and not in establishing the biological validity of any condition. Nor have biological factors been a central (or even a peripheral) part of DSM criteria from DSM-III to the expected DSM-5. [italics in original]

Similarly, Robert L. Spitzer, M.D., Chairperson of the American Psychiatric Association's Task Force on Nomenclature and Statistics in the Introduction to DSM-III (1980, p. 8) says this:

Diagnostic Criteria. Since in DSM-I, DSM-II, and ICD-9 [International Classification of Diseases, 9th edition] explicit criteria are not provided, the clinician is largely on his or her own in defining the content

and boundaries of the diagnostic categories. In contrast, DSM-III provides specific diagnostic criteria as guides for making each diagnosis since such criteria enhance interjudge reliability. It should be understood, however, that for most of the categories the diagnostic criteria are based on clinical judgment, and have not yet been fully validated by data... [bold print in original, italics added]

Similarly, in his book Saving Normal, DSM-IV and DSM-IV-TR Task Force Chairperson Allen Frances says "Reliability means agreement and consistency—will different clinicians seeing the same patient arrive at the same diagnosis. Validity means truth" (Harper Collins 2013, p. 25). In an article in 2011 he says "For no apparent reason, the [DSM-5] field trials address the (really who cares) question of reliability and will offer nothing at all on the (really essential) questions of validity" ("DSM5 in Distress", psychology today.com, November 8, 2011).

Dr. Frances is right on this point: Only validity (truth) matters. If all the observers are wrong, their determinations or "diagnoses" have zero percent validity even if they have 100% agreement and therefore 100% "reliability". For example, at the time of the witch trials, inquisitors familiar with the criteria in the Malleus Maleficarum, a manual describing the characteristics of witches, might have had 100% agreement on who was a witch, but because witchcraft was a myth, and there were in fact no witches, their determinations that certain persons were witches had zero percent validity even if 100% of them were in agreement, and they therefore had 100% "reliability". This is the situation in which modern psychiatry, and those subjected to psychiatric "diagnosis" and "treatment", find themselves: The concept of mental "illness" or "disorder" is as invalid as the concept of witchcraft at the time of the witch trials. Some critics have argued that the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders is similar to the Malleus Maleficarum. For example, in his essay Notes on Psychiatric Fascism, Don Weitz says "The DSM is the equivalent of the Malleus Maleficarum in the middle ages, which Spanish inquisitors used to identify, target, stigmatize and burn witches and heretics" (antipsychiatry.org/weitz2.htm, accessed June 10, 2013).

THE CONCEPT OF MENTAL "ILLNESS" OR "DISORDER"

IS AS INVALID AS THE CONCEPT OF WITCHCRAFT

AT THE TIME OF THE WITCH TRIALS

According to U.S. National Institute of Mental Health (NIMH) director Thomas Insel, M.D., in an article published on the NIMH web site on April 29, 2013, "The strength of each of the editions of DSM has been 'reliability' each edition has ensured that clinicians use the same terms in the same ways. The weakness is its lack of validity." For this reason, he says, the "NIMH will be re-orienting its research away from DSM categories" ("Director's Blog: Transforming Diagnosis", nimh.nih.gov). No less than America's preeminent mental health government agency has rejected American Psychiatric Association DSM "diagnosis".

Unfortunately, Dr. Insel seeks to substitute an equally invalid approach: In the same article he says "Mental disorders are biological disorders involving brain circuits" and that the NIMH will seek to create "a new nosology" that is more scientific than that of the DSM, one based on biological factors. Because the defining characteristic of a mental "illness" or "disorder" is merely disapproval, and biology is no more the cause of mental illnesses or disorders than electronics are the cause of bad television programs, this NIMH effort is doomed to failure.

Contrary to Dr. Insel's observation, the DSM-5 interjudge "reliability" results were actually poor, at least in the opinion of DSM-IV and DSM-IV-TR Task Force chairperson Allen Frances, M.D. In his book Saving Normal: An Insider's Revolt Against Out-of-Control Psychiatric Diagnosis, DSM-5, Big Pharma, and the Medicalization of Ordinary Life (Harper Collins 2013, p. 175) Dr. Frances says this:

APA [American Psychiatric Association] flunked - instead of admitting that its reliability results were unacceptable and seeking the necessary corrections that might meet historical standards, the goalposts were moved. Declaring by fiat that previous expectations were too high, DSM-5 announced it would accept agreements among raters that were sometimes barely better than two monkeys throwing darts at a diagnostic board.

In an article titled "A Response to 'How Reliable Is Reliable Enough?'" published at psychiatrictimes.com on January 18, 2012, Dr. Frances says-

In the past, "acceptable" meant kappas of 0.6 or above. ... For DSM-5, 'acceptable' reliability has been reduced to a startling 0.2-0.4. This barely exceeds the level of agreement you might expect to get by pure chance. ... Can "accepting" unacceptably poor agreement uphold the integrity of psychiatric diagnosis?

So actually DSM-5 "diagnosis" not only has no validity but also no "reliability".

If scientists in any field lack "reliability" (agreement among themselves), the field or discipline obviously lacks "validity" (truth), making inquiries into validity or truth unnecessary. An example showing this is true of psychiatry is psychiatrists' testimony about whether or not James Holmes was insane when he killed 12 and injured 70 in a theater shooting in Aurora, Colorado in 2012. According to an Associated Press report, "Four of the psychiatrists who testified were asked to test his sanity. Two declared him sane and two others declared him insane."

Because of the lack general agreement in psychiatry exemplified by Dr. Frances' criticisms, examples like the above cited Holmes case, and rejection of DSM-5 "diagnosis" by the National Institute of Mental Health, and psychiatry's lack of scientific validity, psychiatric testimony does not meet legal criteria for acceptance as scientific or expert evidence in courts of law under either of the standards applied by courts in the U.S.A., namely, the "general acceptance" standard of Frye v. U.S., 293 F. 1013 (D.C. Cir. 1923) that is still used in some states, nor the scientific validity standard of Daubert v. Merrell Dow Pharmaceuticals, 509 U.S. 579 (1993) that applies in federal courts and other states of the U.S.A. Courts should recognize this and stop accepting psychiatric testimony. (See Frye standard in Wikipedia). Invol-untary commitment law typically requires commitments be based on "competent psychiatric testimony". For example, Texas Consti-tution Article 1, Sec. 15-a provides that "No person shall be committed as a person of unsound mind except on competent medical or psychiatric testimony." However, there is no such thing as "competent psychiatric testimony" any more than there is, for example, "competent astrology testimony" or "competent palm reader testimony". In her book Whores of the Court: The Fraud of Psychiatric Testimony and the Rape of American Justice (ReganBooks 1997, p. 99), Boston University psychology professor Margaret A. Hagen, Ph.D., says "Upon finishing graduate or medical school" mental health professionals "are not trained to perform the myriad tasks the legal system asks them to perform because no body of knowledge exists to support such training." She says testimony in court by mental health experts such as psychiatrists and psychologists "do not even come close to meeting the current criteria for admissibility as expert testimony demanded by our courts" (Id., p. 301), and—

> When the law welcomes the astrologer into the courtroom as possessing the same status as the astronomer, when the court listens to the priest with the same critical judgment it applies to the testimony of the physicist, then and only then will the testimony of clinical psychologists about the formation and functioning of the human mind in general or in a particular individual make sense as expert testimony. [Id., p. 301]

Dr. Hagen laments the fact that "we buy the accreditation of psychiatry at medical schools as if it were on the same standing as any other medical specialty" notwithstanding the fact that it is not (Id., p. 303). She says "Judges and juries, the people alone, must decide questions of insanity, competence, rehabilitation, custody, injury, and disability without the help of psychological experts and their fraudulent skills" (p. 313). Of psychiatrists and psychologists as "expert" witnesses in court she says

"That courtroom diagnosticians ignore even the wispiest constraints of reality in reaching their diagnoses is truly frightening" (Id., p. 262). She says that by accepting psychiatrists and psychologists as expert witnesses in court, "Society has created its own monster" (Id., p. 310).

THERE IS NO SUCH THING AS "COMPETENT PSYCHIATRIC TESTI-MONY" ANY MORE THAN THERE IS "COMPETENT ASTROL-OGY TESTI-MONY" OR "COMPETENT PALM READER TESTIMONY"

How much of a monster we have created by recognizing psychiatric and psychological "diagnosis" as valid when it is not is illustrated by Robyn M. Dawes, Ph.D., a psychology professor at Carnegie-Mellon University, former head of the psychology department at the University of Oregon, and former president of the Oregon Psychological Association, in his book House of Cards: Psychology and Psychotherapy Built on Myth (Free Press 1994, p. 153-154). In his critique of psychological testing he says this:

I would like to offer the reader some advice here. If a professional psychologist is "evaluating" you in a situation in which you are at risk and asks you for responses to ink blots or to incomplete sentences, or for a drawing of anything, walk out of that psychologist's office. Going through with such an examination creates the danger of having a serious decision made about you on totally invalid grounds. ... Let me share an example of what can happen—it did happen.

He goes on to tell a true story of a young woman whose IQ he tested as 126, placing her in the ninety-fifth percentile, meaning her intelligence was superior to all but 5% of the population, who was determined to need involuntary commitment to a state mental hospital because of her interpretation of a single inkblot in what is known as the Rorschach inkblot test. While 40 of her 41 inkblot interpretations were reasonable, she thought inkblot number eight looked like a bear when it didn't to anybody else. Dr. Dawes says at a clinical staff meeting "the head psychologist displayed card number eight to everyone assembled and asked rhetorically: 'Does that look like a bear to you?'" On the basis of this one inkblot interpretation the young woman was "diagnosed" as schizophrenic and (italics are Dr.

Dawes'): "The staff over my objection further agreed that if her parents were ever to bring her back, she should be sent directly to the nearby state hospital. ... she may well have been condemned to serve time in that snake pit on the basis of a single Rorschach response."

INVOLUNTARY COMMITMENT TO A MENTAL HOSPITAL

BECAUSE OF WHAT A PERSON SEES IN AN INKBLOT?

Because of such observations, Dr. Dawes says in the Preface, "My own decision to write this book has been motivated by two factors in particular: anger, and a sense of social obligation. ... far too much professional practice in psychology has grown and achieved status by espousing principles that are known to be untrue and by employing techniques known to be invalid." He agrees wholeheartedly with Boston University psychology professor Margaret A. Hagen (quoted above) about courtroom testimony by mental health professionals such as psychiatrists and psychol-ogists, of which he says—

But are they really the experts they claim to be? ... Should their opinions be recognized in our courts as having any more validity than the opinions of anyone else? In particular, are their opinions any better than those of judges, who have been selected on the basis of their legal record to make tough social decisions? Can these mental health practitioners, for example, make a better determination of whether a young child has been sexually abused than can be made of a careful consideration of the evidence without considering their opinions?

These questions have been studied quite extensively, often by psychologists themselves. There is by now an impressive body of research evidence indicating that the answer to these questions is no. ... Professional psychologists and other mental health experts are often willing to testify, and they have a profound impact on others' lives in the absence of any evidence that what they do is valid. ... Lacking such evidence, [they] should be thrown out of court. [pp. 4, 25]

The absurdity of many of the so-called mental disorders in the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders makes it seem the psychiatrists and others who wrote it did so as a joke, and (really!) I have often laughed heartily while looking through DSM-5. In fact, the laughs I've gotten while reading DSM-5 have been worth the $149 I paid for the book. However, the consequences of psychiatric and psychological "diagnosis" are often anything but a laughing matter. The authors of the various editions of the DSM including DSM-5 have written a ridiculous book, but their "diagnoses" are accepted as valid in American courts and elsewhere. Having one of the "mental disorders" in the DSM too often results in a life-changing psychiatric "diagnosis", a lifetime of incarceration or involuntary outpatient treatment, or loss of many of life's most important opportunities, such as admission to medical, law, or other school, or qualifying for licensure in a lucrative occupation, or being hired for a job.

This review of the lack of reliability and validity of psychiatric diagnosis and the absurd notions in the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders shows psychiatric diagnosis has nothing to do with health, nothing to do with anything abnormal in the body including brain, nothing to do with science, often nothing to do with common sense, and everything to do with currently prevailing ideas about how a person ideally "should" be as perceived by the people who wrote the various editions of the DSM and those who use it for "diagnosis".

The bottom line is this: Psychiatric "diagnosis" is nonsense and should be ignored by all. Psychiatric "diagnosis" serving as the basis of state and federal laws and judgments of courts is the triumph of pseudoscience over justice.

Recommended Reading

Books

Allen Frances, M.D., Saving Normal: An Insider's Revolt Against Out-of-Control Psychiatric Diagnosis, DSM-5, Big Pharma, and the Medicalization of Ordinary Life (HarperCollins 2013). In this essay and others I have quoted some of Dr. Frances' statements with which I agree, and I commend him for going as far as he does in debunking much of what psychiatry is today. I disagree with his opinions, stated in Saving Normal, that there is such a thing as a true mental illness or disorder and that psychiatry has bona-fide treat-ment. With the exception of psychia-trists who entered psychi-atry for the purpose of debunking or reforming it, it is undoubtedly difficult for a person to admit he devoted his entire working life to a profession that is pure quackery. I disagree with Dr. Frances' self-serving and self-justifying

claims about aspects of psychiatry he thinks are valid, but these points of disagreement are less impor-tant than the criticisms of psychiatry he makes in Saving Normal.

Margaret A. Hagen, Ph.D., Whores of the Court: The Fraud of Psychiatric Testimony and the Rape of American Justice (ReganBooks 1997)

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Allen Frances, M.D., "More Than 65,000 Grievers Must Be Heard-and Should Be Heeded", psychiatric times.com, March 6, 2012

Allen Frances, M.D., "Am I a Dangerous Man? No, but I Do Raise Twelve Dangerous Questions", psychologytoday.com, psychiatrictimes.com, March 16, 2012

Allen Frances, M.D., "Internet Addiction-The Next New Fad Diagnosis", psychiatrictimes.com, August 14, 2012

Allen Frances, M.D., "Definitive Study Rejects the Diagnosis of 'Psychosis Risk' and Finds No Treatment Benefit", huffingtonpost.com, psychiatrictimes.com, psychologytoday.com, April 16, 2012

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Allen Frances, M.D., "DSM-5 Confirms That Rape Is Crime, Not Mental Disorder", psychiatrictimes.com, February 21, 2013

Thomas Insel, M.D., "Director's Blog: Transforming Diagnosis", April 29, 2013, nimh.nih.gov

Michael Mechanic, "Psychiatry's New Diagnostic Manual: 'Don't Buy It. Don't Use It. Don't Teach It.'", May 14, 2013, motherjones.com

Recommended Videos

"Jeffrey A. Schaler, Ph.D., Professor of Psychology", YouTube.com (2006). If you watch only one of the videos I recommend, this 9-minute video is the one to watch.

"The DSM: Psychiatry's Deadliest Scam", YouTube.com

I recommend the two above Citizens Commission on Human Rights (CCHR) videos without endorsing CCHR itself nor the founder of CCHR, the Church of Scientology: See comment in The Future of Anti-psychiatry Activism

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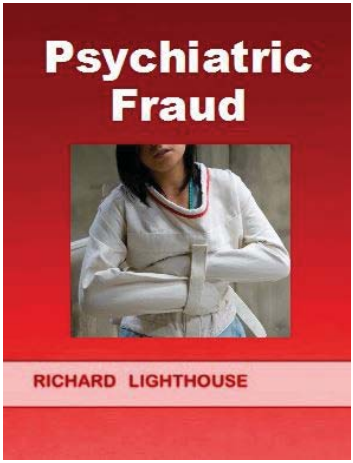
Psychiatric Fraud



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Abstract

The United States Government and the Deep State are using the fraudulent Psychiatric system in this country to abuse the rights of citizens. This is being done to silence dissent, critics of government policy, and whistleblowers. There are numerous examples of individuals being forcibly confined to a mental hospital, when their only offense was challenging government corruption. The Diagnostic Symptoms Manual (DSM-5) has been substantially revised to include fake diseases for all kinds bogus symptoms, making it easier to silence

critics and whistleblowers. This latest revision to the DSM-5 was a carefully orchestrated government exercise, that was done under secrecy and a lack of transparency, which many doctors have complained about.

This fraud is relevant to Targeted Individuals because to maintain the torture program, the CIA must convince the public that TI's are mentally unstable.

Psychiatric diagnosis of mental disorders is a fraud. There are no chemical tests, no laboratory tests, no definitive blood, saliva, hair, brain, or genetic tests. No brain scan. No MRI. No CAT scan that can define mental illness. It is not objective. It is not scientific. It is fraud.

Some quotes from respected doctors:

Dr. Allen Frances, M.D., *"There is no definition of a mental disorder. It's bullshit. I mean, you just can't define it."*

Neurologist Fred A. Baughman, M.D., *"There is no such thing whatsoever as a psychiatric or psychological disease."*

British psychiatrist Dr Joanna Moncrieff, M.D.; *"There is just absolutely no evidence that anyone with any mental disorder has a chemical imbalance of any sort...absolutely none."*

Dr Paula J. Caplan, Ph.D., a psychologist, *"Nobody should be diagnosed with mental illness."*

Dr Peter R. Breggin, M.D., Psychiatrist; *"For every class of psychiatric drugs, long-term studies have continued to show no proof of effectiveness. ... all psychiatric drugs have serious long-term adverse effects and tend to produce chronic brain impairment (CBI)."*

Psychiatrist Dr David Kaiser, M.D., "*Modern psychiatry has yet to convincingly prove the genetic/biologic cause of any single mental illness."*

Dr Elliot S. Valenstein, Ph.D., Professor Emeritus of Psychology and Neuroscience at the University of Michigan, *"Contrary to what is often claimed, no biochemical, anatomical, or functional signs have been found that reliably distinguish the brains of mental patients."*

Dr Dennis S. Charney, M.D. Psychiatry professor, Yale University School of Medicine, *"We have so far failed to identify bona fide psychiatric disease genes or to delineate the precise etiological and pathophysiological basis of mental disorders."*

Dr Joseph Glenmullen, M.D., Clinical instructor in Psychiatry at Harvard Medical School, *"In*

medicine, strict criteria exist for calling a condition a disease. In addition to a predictable cluster of symptoms, the cause of the symptoms or some understanding of their physiology must be established...Psychiatry is unique among medical specialties in that we do not yet have proof either of the cause or the physiology for any psychiatric diagnosis."

Dr Thomas R. Insel, M.D., Director of the National Institute of Mental Health (NIMH), *"The weakness" [of the DSM-5] "is its lack of validity….Unlike our definitions of ischemic heart disease, lymphoma, or AIDS, the DSM diagnoses are based on a consensus about clusters of clinical symptoms, not any objective laboratory measure."*

Dr. Thomas Szasz, M.D., from his book "Psychiatry: The Science of Lies," *"The assertion rests on an erroneous premise, namely, that the doctors were interested in distinguishing insane inmates properly committed from sane inmates falsely detained. The whole history of psychiatry belies this assumption. ... each time experience was consulted, it showed that the experts were unable to distinguish the sane from the insane".*

Psychiatrist E. Fuller Torrey, M.D., *"Mental disease...The very term is itself nonsensical, a semantic mistake. The two words cannot go together except metaphorically; you can no more have a mental 'disease' than you can have a purple idea."*

Psychiatrist Philip Q. Roche, M.D.,*"...there is no such thing as mental disease or defect, but rather certain patterns of behavior to which, in a given social context, we apply certain names which enable us to talk about and to effect certain changes in the social relationships of those who exhibit them and to effect changes in the individuals themselves. At best, we are left to the imposition of purely arbitrary criteria in selecting such persons."*

Dr. Peter C. Gøtzsche,M.D.*"...psychiatrists prefer to talk about a mental disorder, rather than a mental illness or disease, which is because psychiatric diagnoses are social constructs. Psychiatrists have blown life into a social construct that is nothing but a variation of normal behavior and have given this construct a name, as if it existed in nature and could attack people."*

Dr Tomi Gomory, Ph.D. *"...we have argued, the existence of a disease of mental illness has never been established."*

Dr Bruce E. Levine, Ph.D., Psychologist; *"No biochemical, neurological, or genetic markers have been found for attention deficit disorder, oppositional defiant disorder, depression, schizophrenia, anxiety, compulsive alcohol and drug abuse, overeating, gambling, or any other so-called mental illness, disease, or disorder."*

Dr. Sidney Sament, a neurologist, *"Electroconvulsive therapy in effect may be defined as a controlled type of brain damage produced by electrical means. No doubt some psychiatric symptoms are eliminated...but this is at the expense of brain damage."*

Dr Karl Pribram, Ph.D., head of Stanford University's Neuropsychology Laboratory, *"I'd rather have a small lobotomy than a series of electroconvulsive shock... I just know what the brain looks like after a series of shocks, and it's not very pleasant to look at."*

Dr Jeffrey Masson, Ph.D., "Why do psychiatrists torture people and call it electroshock therapy?"

These government criminals are even forcibly confining an individual and then drugging them with toxic “treatments” to “prove” they are mentally ill. All done to protect the Deep State.

If no abnormality of the body can be found, no disease or illness can be known to exist. Unproved theories about etiology, pathology and prognosis are pure speculation. This is why so many doctors are opposed to psychiatry and its labeling of mental diseases, according to the DSM. If the disease cannot be detected using objective, scientific means – then it cannot be proven to exist.

Science is objective and repeatable. It does involve opinions or voting. It is not subjective.

Psychiatric diagnosis of mental disorders is a fraud.
Stopshrinks.org antipsychiatry.org

RLighthouse.com

Introduction

Deep State Using Mental Disorders to Silence Whistleblowers

"In September of 2009, Officer Adrian Schoolcraft of the 81st Precinct in Brooklyn met confidentially with NYPD investigators and provided evidence - including secret audio recordings he had made - that more than a dozen crime reports had been manipulated.

He charged felonies had been downgraded, crime reports taken were never filed, and in still other cases, crime victims were discouraged from filing complaints at all. Weeks later, on Halloween night, he was taken from his apartment in handcuffs to the psychiatric ward of Jamaica Hospital, where he claimed he was held against his will for six days.

Schoolcraft had left work sick that day, after being harassed by senior officers in his precinct who had learned of his complaints, his attorney said. He filled out a sick form but failed to have it signed by his supervisor. Senior officers arrived at this apartment and encouraged him to return to work, but he refused.

"Act like a man," Schoolcraft was warned, according to attorney Jon Norinsberg. When he refused, he was declared an EDP, or emotionally disturbed person, and police transported him to Jamaica Hospital's psychiatric ward. Schoolcraft, who remains under suspension, has

filed a federal lawsuit against the department, as well as the hospital and several doctors there"

www.sott.net/article/260246-NYPD-whistleblower-suspended-and-sent-to-psychiatric-ward

The Price Of Being A Whistleblower – from Forbes Magazine

www.forbes.com/sites/karenhigginbottom/2017/02/18/the-price-of-being-a-whistleblower/#1ad54d1e5b52

Whistleblowing continues to make headline news and some individuals such as Edward Snowden and Chelsea Manning continue to divide opinion, as they are often seen as heroes or vilified as a traitor depending on your point of view.

The report entitled "Effective Speak Up Arrangements for Whistleblowers" revealed that organisations demonize whistleblowers and portray them as mentally ill or discredit their claims. The study of 25 workers who revealed wrongdoing in their organizations such as banks and healthcare found that whistleblowers lost their job either by being pressured out of the organization or being dismissed. If they did stay they suffered retaliation through bullying, demotion, isolation or harassment while some were forced by their company to take mental health counselling. Many did crack under pressure, suffering mental illness through depression, panic attacks or developed drinking problems.

[author's note: In my opinion, the content of Forbes magazine is controlled by the Deep State. When this article appeared in the magazine, it was probably directed from the intelligence agencies. "The CIA owns everyone of any significance in the major media." — former CIA Director William Colby. Also see Project Mockingbird – the CIA planted spies in all the major U.S. Newspapers and TV stations.]

The Science of Silence: How Government Prevents Whistleblowers From Speaking Out

wakeup-world.com/2017/02/17/the-science-of-silence-how-government-prevents-whistleblowers-from-speaking-out/

"What they'll do is they'll say, 'we can see that you're very stressed out by all of this, and we want to help you, so, we're going to refer you to the office of medical services so you can undergo some psychological counseling to help you sleep at night and make you better and get rid of your anxiety, so, we're going to set up an appointment for you to meet with a psychologist.'

"Now, where do you suppose that goes? The interview's over, the document is falsified, 'employee is paranoid, obsessive-compulsive, and disgruntled.' That goes in the file, so if it ever does get to the Congress or Senate or court, they pull it out and say, 'well look, he or she went under an evaluation and they're basically unstable, end of story, shut the case down.'" ~ Kevin Shipp, former CIA agent.

www.laborlawtalk.com/showthread.php?t=97990

“In August 1993, Dianne Martinek was found to be mentally ill. Although Martinek had no history of treatment for mental illness, she was diagnosed as a paranoid schizophrenic after being admitted to the Hennepin County Medical Center.

Testimony at the hearing and Martinek's medical records established that Martinek has lived within a highly developed delusional system for the past five years. Martinek believes she is the victim of a conspiracy because she "blew the whistle" on a "network of child abusers" at a church and local youth group.”

http://www.psychcrime.org/for_whistleblowers/

Whistleblowers' mental health attacked by firms

“In their working paper, “How Organizations Use Mental Health To Discipline Whistleblowers and Undermine their Message”, one whistleblower John (not his real name), is quoted saying: "They put me on psychiatric support at the Priory Clinic. So, what they do here is they pacify you as somebody with mental health issues. Therefore, there's no validity."

“While Greg (not his real name) said: "You may know that you are unemployed because you did something right, that doesn't stop you feeling isolated, it doesn't stop you feeling low self-esteem, it doesn't stop you being poor, it doesn't stop your health being affected."

“In the 25 interviews with whistleblowers from the UK, Europe and the US, the researchers found the initial stage of secretly obtaining information was stressful, but when they went public, battling with the organization was when many were pushed to breaking point.”

phys.org/news/2016-05-whistleblowers-mental-health-firms.html#jCp

The Psychiatrist Was Going To Lie and Have Me Committed To the Psychiatric Ward.

“This is what happened to me when I was denied my Civil Rights at the hospital. The psychiatrist was going to lie on his report in order to have me committed to a psychiatric facility in order to cover the ass of the Morton Plant North Bay Hospital Corporation after they violated the Federal law called The Emergency Medical Treatment and Labor Act. I expose their corruption!
At the Morton Plant North Bay Psychiatric facility, I was never given a psychiatric or a physical medical evaluation, but I was already labeled as having the disability of a “psychiatric mental illness.”

https://investmentwatchblog.com/the-psychiatrist-was-going-to-lie-and-have-me-committed-to-the-psychiatric-ward-i-expose-the-hospitals-corruption/

US Church Insiders Who Have Blown the Whistle on Alleged Child Sexual Abuse and Cover-Up

“The burden of disclosing sexual abuse by Catholic clerics and its cover-up by religious leaders has fallen almost completely on victims. Most church insiders who have witnessed misconduct have chosen not to report it. Fortunately, there have been remarkable exceptions. BishopAccountability.org is pleased to present the first database of church whistleblowers - priests, men and women religious, and other church employees and volunteers who reported colleagues to church or civil authorities and fought their superiors’ concealment of abuse. Many of the individuals profiled below have experienced retaliation and grief in some form – defamation, job loss, career derailment, ostracization, pressure by superiors to admit to mental illness, and in at least one case, suicide.”

In one whistleblower case, a nun by the name of Jane Kelly reported pedophilia to the diocese, and she was sent to a mental hospital by her order, which then expelled her.

bishopaccountability.org/Whistleblowers/

The sister’s battle with the bishop. One nun’s outrage helped bring down a church leader, by Jon Bonné, msnbc.com, Santa Rosa, CA, 4.29.2002

Does Mental Illness Even Exist?

In *Dorland's Illustrated Medical Dictionary, 32nd Edition* (Elsevier Sanders 2012). *Dorland's* is the most respected medical dictionary in existence. *Dorland's* defines "illness" with a single word: "disease" (p. 914) and defines disease (p. 527):

“dis.ease (dĭ-zēz) [Fr. dès from + aise ease] any deviation from or interruption of the normal structure or function of a part, organ, or system of the body as manifested by characteristic symptoms and signs; the etiology, pathology, and prognosis may be known or unknown. [underline added]”

By this definition, if no abnormality of the body can be found, no disease or illness can be known to exist. Unproved theories about etiology, pathology and prognosis are pure speculation. This is why so many doctors are opposed to psychiatry and its labeling of mental diseases, according to the DSM.

If the disease cannot be detected using objective, scientific means – then it cannot be proven to exist. This would be a blood test, DNA test, MRI, etc. None of these scientific methods has ever reliably proven a mental disease to exist.

Seymour S. Kety, M.D., Professor Emeritus of Neuroscience in Psychiatry, and Steven Matthysse, Ph.D., Associate Professor of Psychobiology, both of Harvard Medical School,

said "*an impartial reading of the recent literature does not provide the hoped-for clarification of the catecholamine hypotheses, nor does compelling evidence emerge for other biological differences that may characterize the brains of patients with mental disease"* (*The New Harvard Guide to Psychiatry*, Harvard University Press, p. 148). 1988.

In 1992, a panel of experts from the U.S. Congress Office of Technology Assessment concluded: *"Many questions remain about the biology of mental disorders. In fact, research has yet to identify specific biological causes for any of these disorders ...Mental disorders are classified on the basis of symptoms because there are as yet no biological markers or laboratory tests for them"* (*The Biology of Mental Disorders*, U.S. Gov't Printing Office 1992)

The Deep State, the CIA, and FBI are abusing the rights of citizens through a broken system of psychiatry and psychology.

For those unfamiliar with the Deep State, I recommend the books of Dr Peter Dale Scott, Professor at UC Berkeley (PeterDaleScott.com), and Dr Steven Greer, MD. (Unacknowledged.com)

Dr Thomas Szasz, MD, His 1961 book, *The Myth of Mental Illness*, provided the philosophical basis for the antipsychiatry and patient advocate movements that began in the 1960s.

The current official list of mental disorders in DSM-5 is around 300. That's 300—separately defined, treatable, and covered by insurance plans.

Dr. Allen Frances, in a December 2010 *Wired* interview (*"Inside the Battle to Define Mental Illness"*), stated:

"There is no definition of a mental disorder. It's bullshit. I mean, you just can't define it."

Dr Frances was the editor for DSM-4.

There are no definitive chemical or biological tests for any so-called mental disorder.

This fact is stunning to most people. They assume psychiatry is a science. It is not. It never was.

Big Pharma sits behind it all, financing the institution of psychiatry and selling the drugs. For many decades, the Rockefeller Foundation has funded much of the activities of the American Medical Association (AMA) and its research activities. The Rockefellers controlled what research was funded and what was rejected. The Rockefeller Foundation has also provided much of the funding for the research activities of the American Psychiatric Association (APA). This is not a coincidence. By controlling the opinions and priorities, and by hand-picking the board members for these two medical authorities - the Rockefellers were able to control medical diagnostics on a global scale. Some doctors have noticed the corruption and have started rejecting the content of the DSM.

www.thrivemovement.com/american-medical-association-largely-funded-rockefellers

The Rockefeller Foundation website points to various connections between the American Medical Association and the Foundation. Here are a few examples:

- Rockefeller Foundation Annual Report, 1932
- Rockefeller Foundation Annual Report, 1957
- Making the eHealth Connection: Participants
- The Long Road to Universal Health Coverage

The American Medical Association has been accepting money from the Rockefeller and Carnegie Foundations from as early as 1910. In *The World Without Cancer* G. Edward Griffin makes the argument that the Rockefeller and Carnegie Foundations began to support the AMA in an effort to control the medical schooling establishment and to gain power over this "large and vital sphere of American life."

Diagnostic Symptoms Manual, DSM-5: This version, unlike all previous versions, was conceived in almost total secrecy. There was a public comment period, but all members of the committee had to sign a non-disclosure agreement. As a result, there has been no transparency as was the norm in the past. What we know of this new diagnostic manual is limited to what the American Psychiatric Association has released piecemeal. The new version has 947 pages and over 300 diagnoses.

Dr Thomas R. Insel, M.D., Director of the National Institute of Mental Health (NIMH), delivered a sharply worded statement saying the NIMH would no longer fund research based on the DSM-5. His criticism is the same as mine,

"The weakness" [of the DSM-5] "is its lack of validity….Unlike our definitions of ischemic heart disease, lymphoma, or AIDS, the DSM diagnoses are based on a consensus about clusters of clinical symptoms, not any objective laboratory measure."

The following is from attorney, Lawrence Stevens, whose practice has included representing psychiatric "patients.":

"Among those criticizing the DSM-5 is Dr. Allen Frances, editor of DSM-IV, and Dr. Robert Spitzer, editor of DSM-III. Spitzer wrote an open letter to the DSM-5 committee complaining that forcing task force members to sign a non-disclosure contract, which flies in the face of proper protocols for scientific or medical projects.

About 70% of the current task force members have ties or funding from the pharmaceutical industry."

"ECT consists of electricity being passed through the brain with a force of from 70 to 400 volts and an amperage of from 200 milliamperes to 1.6 amperes (1600 milliamperes). The electric shock is administered for as little as a fraction of a second to as long as several seconds. The electrodes are placed on each side of the head at about the temples, or sometimes on the front and back of one side of the head so the electricity will pass through just the left or right side of the brain (which is called "unilateral" ECT)."

“Some psychiatrists falsely claim ECT consists of a very small amount of electricity being passed through the brain. In fact, the 70 to 400 volts and 200 to 1600 milliamperes used in ECT is quite powerful. The power applied in ECT is typically as great as that found in the wall sockets in your home. It could kill the "patient" if the current were not limited to the head. The electricity in ECT is so powerful it can burn the skin on the head where the electrodes are placed. Because of this, psychiatrists use electrode jelly, also called conductive gel, to prevent skin burns from the electricity. The electricity going through the brain causes seizures so powerful the so-called patients receiving this so-called therapy have broken their own bones during the seizures. To prevent this, a muscle paralyzing drug is administered immediately before the so-called treatment. Of course, the worst part of ECT is brain damage, not broken bones.”

Emory University Professor, Dr Jonas Robitscher, J.D., M.D., *"Organized psychiatry continues to oppose any restrictions by statute, regulation, or court case on its 'right' to give shock treatments to involuntary and unwilling patients"*

“Electricity is only one of several ways psychiatrists have induced seizures in people for supposedly therapeutic purposes. According to psychiatrists, seizures induced by chemicals or gas inhalants are just as effective, psychiatrically speaking, as ECT. In September 1977 in the American Journal of Psychiatry, psychiatry professor Max Fink, M.D., said: "Seizures may also be induced by an anesthetic inhalant, flurothyl, with no electrical currents, and these treatments are as effective as ECT" (p. 992). On the same page he said seizures induced by injecting a drug, pentylenetetrazol (Metrazol), into the bloodstream have therapeutic effects equal to seizures induced with ECT.”

“It's interesting, to say the least, that any of these three very different seizure producing agents - flurothyl gas inhaled through a gas mask, Metrazol injected with a hypodermic needle, or electricity passed through the head - could be equally psychiatrically "therapeutic". Psychiatrists say that it is the seizure that is "therapeutic", not the method of inducing the seizure. But why would seizures induced by any of these three very different methods be equally "therapeutic"?”

“One theory is they are all equally horrifying to the victim (the "patient") who receives the "treatment". In his book Against Therapy, published in 1988, psychoanalyst Jeffrey Masson, Ph.D., asks: "Why do psychiatrists torture people and call it electroshock therapy?" (p. xv). In his book Battle for the Mind: A Physiology of Conversion and Brain-Washing, William Sargant said "The history of psychiatric treatment shows, indeed, that from time immemorial attempts have been made to cure mental disorders by the use of physiological shocks, frights, and various chemical agents; and such means have always yielded brilliant results in certain types of patient" (p. 82). In his book Breakdown, psychologist Norman S. Sutherland points out that in his observations ECT "was widely dreaded", and he says "there are many reports from patients likening the atmosphere in hospital on days when ECT was to be administered to that of a prison on the day of an execution" (p. 196).”

“The Food and Drug Administration is in charge of regulating medical devices just as it does drugs, including the machines used to give shock treatment. But it’s not doing its job. It has allowed these machines to be

used on millions of patients over the past generation without requiring any evidence whatsoever that shock treatment is safe or effective! This is so even though shock machines are Class III---high risk---devices, which by law are supposed to be investigated by clinical trials as thoroughly as new drugs and devices just coming onto the market. But because of intense lobbying by the American Psychiatric Association---which claims the devices are safe but opposes an investigation---the FDA has disregarded its own law. (For the full story of how shock survivors have fought for a scientific safety investigation of ECT for the past 25 years, see the new book Doctors of Deception: What They Don't Want You to Know About Shock Treatment by Linda Andre.)"

"In April 2009---30 years after it first ruled the devices high-risk and named brain damage and memory loss as risks of the treatment---the FDA belatedly announced it would call on the manufacturers of the devices toprovide evidence of safety and efficacy."

"An article in the March 25, 1993 New England Journal of Medicine says "ELECTRO-CONVULSIVE therapy is widely used to treat certain psychiatric disorders, particularly major depression" (p. 839). The March 26, 1990 issue of Newsweek magazine reports that "electroconvulsive therapy (ECT) . . . is enjoying a resurgence. . . . an estimated 30,000 to 50,000 Americans now receive shock therapy each year" (p. 44). Other recent estimates go as high as 100,000 per year."

"In his textbook Psychiatry for Medical Students, published in 1984, Robert J. Waldinger, M.D., says "ECT's mechanism of action is not known... As with the other somatic therapies in psychiatry, we do not know the mechanism by which ECT exerts its therapeutic effects" (pp. 120 & 389). Psychiatrists claim unhappiness or so-called depression is sometimes caused by unknown biological abnormalities in the brain. They say by some unknown mode of action ECT cures these unknown biological abnormalities. There is no good evidence for these claims."

"As was said by Lothar B. Kalinowsky, M.D., and Paul H. Hoch, M.D., in their book Shock Treatments, Psychosurgery, and Other Somatic Treatments in Psychiatry: "Fear of ECT, however, is a greater problem than was originally realized. This refers to a fear which develops or increases only after a certain number of treatments. It is different than the fear which the patient, unacquainted with the treatment, has prior to the first application. . . . 'The agonizing experience of the shattered self' is the most convincing explanation for the late fear of the treatment" (p. 133). One way ECT achieves its effects is the victims of this supposed therapy change their behavior, display of emotion, and expressed ideas for the purpose of avoiding being tortured and destroyed by the "therapy". Refusing to take ECT doesn't always work, because ECT is often administered against the "patient's" will. In The Powers of Psychiatry, published in 1980, Emory University Professor Jonas Robitscher, J.D., M.D., said "Organized psychiatry continues to oppose any restrictions by statute, regulation, or court case on its 'right' to give shock to involuntary and unwilling patients" (p. 279). Even now in the 1990s only one state in the United States - Wisconsin - prohibits all involuntary administration of ECT. "

“it didn't take long after ECT was invented in 1938 for autopsy studies revealing ECT-caused brain damage to begin appearing in medical journals. This brain damage includes cerebral hemorrhages (abnormal bleeding), edema (excessive accumulation of fluid), cortical atrophy (shrinkage of the cerebral cortex, or outer layers of the brain), dilated perivascular spaces in the brain, fibrosis (thickening and scarring), gliosis (growth of abnormal tissue), and rarefied and partially destroyed brain tissue. (See Peter R. Breggin, M.D., Electroshock: It's Brain Disabling Effects for references.) Commenting on the extent of physical brain damage caused by electroconvulsive "therapy", Karl Pribram, Ph.D., head of Stanford University's Neuropsychology Laboratory, once said: "I'd rather have a small lobotomy than a series of electroconvulsive shock... I just know what the brain looks like after a series of shocks, and it's not very pleasant to look at" (APA Monitor, Sept.-Oct. 1974, pp. 9-10). Dr. Sidney Sament, a neurologist, describes ECT this way: "Electroconvulsive therapy in effect may be defined as a controlled type of brain damage produced by electrical means. No doubt some psychiatric symptoms are eliminated...but this is at the expense of brain damage" (Clinical Psychiatry News, March 1983, p. 4). Although he is a defender of ECT, Duke University psychiatry professor Richard D. Weiner, M.D., Ph.D., has admitted that "the data as a whole must be considered consistent with the occurrence of frontal atrophy following ECT" (Behavioral & Brain Sciences, March 1984, p. 8). By "frontal atrophy" he means atrophy (reduced size) of the frontal lobes of the brain, the frontal lobes being the parts believed to be responsible for higher mental functions. The frontal lobes get most of the electricity in ECT. Dr. Weiner also admits "Breggin's statement that ECT always produces an acute organic brain syndrome is correct" (ibid., p. 42). Organic brain syndrome is organic brain disease.”

“Psychological testing of those who have had ECT also indicates ECT causes permanent brain damage. For example, in an article in the British Journal of Psychiatry, three psychologists said "The ECT patients' performance was also found to be inferior on the WAIS [Wechsler Adult Intelligence Scale]" and "The ECT patients' inferior Bender-Gestalt performance does suggest that ECT causes permanent brain damage" (Donald I. Templer, Ph.D., et al., "Cognitive Functioning and Degree of Psychosis in Schizophrenics given many Electroconvulsive Treatments" Brit. J. Psychiatry, Vol. 123 (1973), p. 441 at pp. 442, 443).”

“In 1989 in his book The Exercise Prescription for Depression and Anxiety, psychology professor Keith W. Hohnsgard, Ph.D., says "Some who receive ECT appear to suffer both serious and permanent memory loss" (p. 88, emphasis added). A woman who had ECT described these effects ECT had on her memory: "I don't remember things I never wanted to forget - important things - like my wedding day and who was there. A friend took me back to the church where I had my wedding, and it had no meaning to me" (quoted in: Peter R. Breggin, M.D., Electroshock: It's Brain Disabling Effects, p. 36). Professional people who have sought treatment for depression and had ECT have lost a lifetime of professional knowledge and skill to this so-called therapy. (See, for example, Berton Rouch 's article in Suggested Reading, below). In one state, Texas, a state law requires those considering ECT be warned about ECT caused memory loss.”

“Psychiatrists who use ECT are violating their Hippocratic oath to not harm patients and are guilty of a form of health care quackery. Unfortunately, most psychiatrists have administered ECT, and government has failed to live up to its responsibility to protect us from this harmful and irrational "treatment". It is therefore left to you to protect yourself and your loved ones from quackery such as ECT by keeping yourself and your loved ones away from practitioners

who use it."

THE AUTHOR, Lawrence Stevens, is a lawyer whose practice has included representing psychiatric "patients." His pamphlets are not copyrighted. Feel free to make copies.

A text-only version of this article and others dealing with the topic of "mental illness" and its treatment can be found at http://www.antipsychiatry.org. You may also order them in pamphlet form on the site.

Does Mental Illness Exist?

Psychiatrist E. Fuller Torrey, M.D., in his book The Death of Psychiatry (Penguin Books 1974), p. 36
"mental disease...The very term is itself nonsensical, a semantic mistake. The two words cannot go together except metaphorically; you can no more have a mental 'disease' than you can have a purple idea or a wise space."

"As I have stated in an earlier chapter, in the natural world there is no such thing as mental disease or defect, but rather certain patterns of behavior to which, in a given social context, we apply certain names which enable us to talk about and to effect certain changes in the social relationships of those who exhibit them and to effect changes in the individuals themselves. At best, we are left to the imposition of purely arbitrary criteria in selecting such persons." Psychiatrist Philip Q. Roche, M.D., winner of the American Psychiatric Association's Isaac Ray Award for outstanding contributions to forensic psychiatry and the psychiatric aspects of jurisprudence, in his book The Criminal Mind (Farrar, Straus and Cudahy 1958), p. 253

"Quite often, psychiatrists prefer to talk about a mental disorder, rather than a mental illness or disease, which is because psychiatric diagnoses are social constructs. ... psychiatrists have blown life into a social construct that is nothing but a variation of normal behavior and have given this construct a name, as if it existed in nature and could attack people." Dr. Peter C. Gøtzsche, a physician specializing in internal medicine, and professor of Clinical Research Design and Analysis at the University of Copenhagen, in his book Deadly Psychiatry and Organized Denial (People's Press 2015), pp. 26 & 145

In his book Saving Normal: An Insider's Revolt Against Out-of-Control Psychiatric Diagnosis, DSM-5, Big Pharma, and the Medicalization of Ordinary Life, published in 2013 (Harper Collins pp. xi, xii, 277), psychiatrist Allen Frances, M.D., says this:

"I led the Task Force that developed DSM-IV [American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition] and also chaired the department of psychiatry at Duke [University], treated many patients ... DSM has gained a huge societal significance and determines all sorts of important things that have an enormous impact on people's lives like...who gets to be hired for a job, can adopt a child, or pilot a plane, or qualifies for life insurance ... Done poorly, psychiatric diagnosis can be an unmitigated disaster leading to aggressive treatments with horrible complications and life-shattering impact. ... Psychiatric diagnosis is a serious business with major and often lifelong consequences."

In Chapter 3 of Saving Normal, "Diagnostic Inflation", Dr. Frances includes a section quite appropriately titled "The Power to Label Is the Power to Destroy" (p. 109).
Because of the damaging, even life-ruining power of psychiatric "diagnosis" (or of psychiatric "labels"), the validity, accuracy, reliability, and predictability of psychiatric "diagnosis" is important. Investigations repeatedly reveal psychiatric diagnosis has no reliability or validity.

An experiment was done in the 1970s by Stanford University psychology professor David Rosenhan and his colleagues and published in the January 19, 1973 issue of Science magazine ("On Being Sane in Insane Places", Vol. 179, pp. 250-258). Dr. Rosenhan and seven of his colleagues who had no history of or evidence of mental illness, called "pseudopatients" in the study, went to 12 different psychiatric hospitals on the East and West coasts of the U.S.A. as inpatients where they remained as long as 52 days. They found that no matter how normally they behaved they were not recognized as normal by the psychiatrists and other mental health professionals they came in contact with. Despite being normal, all were prescribed psychiatric drugs: "All told, the [eight] pseudopatients were administered nearly 2100 pills, including Elavil, Stelazine, Compazine, and Thorazine", which undermines the commonly held belief psychiatric drugs are given only to people who need them (as if anybody needs psychiatric drugs: See Psychiatric Drugs: Cure or Quackery?) When the results of this experiment were revealed to the psychiatrists and other staff members of another psychiatric hospital, they "doubted that such an error could occur at their hospital."

Conclusions

This short ebook has presented many quotations from credible doctors, all over the world, regarding the falsehoods of modern psychiatry and pschology. The title of Dr Thomas Szasz book, “Psychiatry: The Science of Lies,” really sums it up.

This document is a living document. The author reserves the right to make corrections and changes.

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Psychiatrist Michael Alan Taylor, M.D., in his book *Hippocrates Cried: The Decline of American Psychiatry* (Oxford University Press 2013, p. 167)

10) Psychiatrist Peter R. Breggin, M.D., in his book *Psychiatric Drug Withdrawal—A Guide for Prescribers, Therapists, Patients, and Their Families* (Springer Publishing 2013),

11) Psychiatrist Peter R. Breggin, M.D., *Brain-Disabling Treatments in Psychiatry, Second Edition* (Springer Publishing Company)

12) Stuart A. KirkD.S.W., Tomi Gomory, Ph.D., & David Cohen, Ph.D., in their book *Mad Science—Psychiatric Coercion, Diagnosis, and Drugs* (Transaction Publishers 2013).

Recommended Video

Stefan Molyneux, "There Is No Such Thing as Mental Illness", YouTube.com.

13) *Whores of the Court: The Fraud of Psychiatric Testimony and the Rape of American Justice*, Regan/HarperCollins 1997, by Boston University psychology professor Margaret Hagen, Ph.D.)

14) On October 28, Allen Frances, MD, Chairperson of the DSM-IV task force, published an article on Psychology Today. It is titled *Does It Make Sense To Scrap Psychiatric Diagnosis?* and is essentially a response to the British Psychological Society's Division of Clinical Psychology's (DCP) call to abandon the medical model in situations where it is not appropriate, and to embrace a psychosocial approach. You can see a copy of the DCP's May 13, 2013, statement here.

Acknowledgments: The author gratefully acknowledges Seth, Jane Roberts, and Robert Butts for their significant contributions.

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APPENDIX

I am a proud government whistleblower – see my ebooks about the criminal acts of the CIA and FBI. Readers are advised that the NSA may be blocking or restricting access to some of my ebooks, especially outside the United States. Readers are further advised that digital tracking tags may have been placed in my ebooks. It may be best to download from Apple iBooks, if possible. Note how slowly the jpg's load into the ebook when viewing. The content of some ebooks may have been altered – still trying to monitor this. If you have tried to contact me, it is possible that emails and phone calls are being blocked (Owenc787 at gmail) 713.three.zero.six.8287.

Readers are advised to review the website drjudywood.com which provides compelling evidence about 9-11. Dr Judy Wood and Dr Morgan Reynolds, university professors, filed lawsuits against the US Government for fraud and conspiracy about 9-11. Dr Woods scientific presentation is available at youtube. Readers are also advised to see the movie "Sirius" by Dr Steven Greer, M.D. It is available for free on Netflix, where it is the #1 documentary, and to watch the youtube videos by the Honorable Paul Hellyer, former Canadian Minister of Defense. He has a book titled, “The Money Mafia.”

Also, find my brief educational videos on youtube (Some have been blocked from the search engines).

For more than 5 years, this author has been stalked, harassed, and threatened by US Government agents from the CIA, FBI, and NSA - because of the content of my ebooks. My home has been broken into, repeatedly. In May 2014, my girlfriend was drugged and kidnapped from LaGuardia airport. This is not a joke. My computer, phone, and alarm system have been hacked, including those of my friends and family. It is truly sad and pathetic, these agencies have become criminal organizations. If something happens to me (disappearance, false criminal charges, sudden accident, etc. - my readers can be certain that the FBI and CIA were involved. In my opinion, the Council on Foreign Relations (CFR) is behind these criminal acts. David Rockefeller has been the CEO and Chairman for many years.

APPENDIX

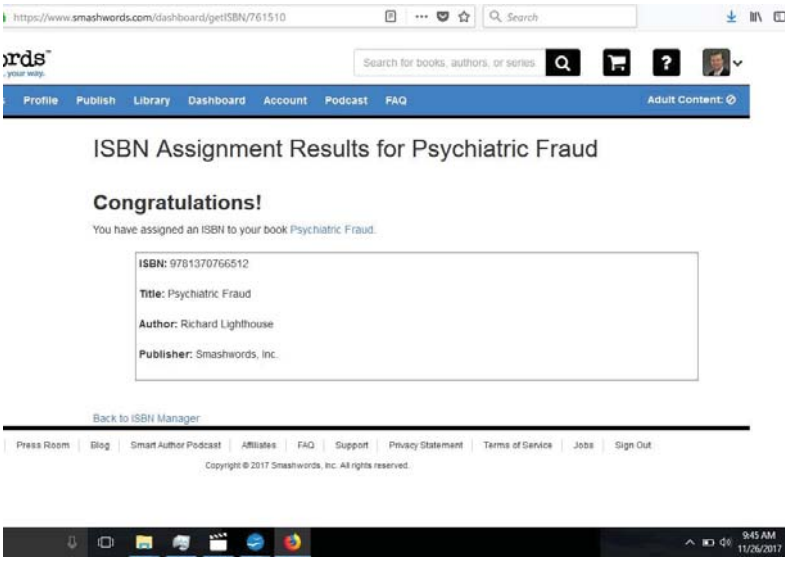

Figure 2. ISBN: 9781370766512

This is a global problem:

BEIJING: Local officials in Shandong Province have apparently found a cost-effectiveway to deal with gadflies, whistleblowers and all manner of muckraking citizens who dare to challenge the authorities : dispatch them to the local psychiatric hospital. According to an investigative report published Monday by a state-owned newspaper, public security officials in Xintai city have been institutionalizing residents who persist in their personal campaigns to expose corruption or to protest the unfair seizure of their property . Some people said they were committed up to two years, and several of those interviewed said they had been forced to consume psychiatric medication.

The article, in The Beijing News, said most inmates had been released after they agreed to give up their causes. Sun Fawu, 57, a farmer seeking compensation for land spoiled by a coal mining operation, said he was seized by the local authorities on his way to petition the central government in Beijing and brought to the Xintai Mental Health Center in October. During a 20-day stay,he said he was tied to a bed, forced to take pills and given injections that made him numb and woozy. When he told the doctor he was a petitioner, not mentally ill, the doctor reportedly said, "I don't care if you're sick or not. As long as you are sent by the township government, I'll treat you as a mental patient." In an interview with the paper, the

hospital's director, Wu Yuzhu, acknowledged that some of the 18 patients brought there by the police in recent years were not deranged, but he had no choice but to take them in.

www.scribd.com/document/53699745/Fwd-Whistle-Blowers

India:

daily.bhaskar.com/news/UP-up-protesting-whistleblower-officer-locked-up-in-mental-asylum-3022333.html

In yet another incident that surfaces the sorry state of whistleblowers in their fight against corruption, a PCS officer, who on Monday sat on hunger strike outside State Assembly, was forcibly taken to a psychiatric ward of a medical college in the capital city.

According to the reports, Provinical Civil Services officer, Rinku Singh Rahi was staging dharna demanding reply to his RTI application seeking details of money not used by the Social Welfare Department of Muzaffarnagar district in the year 2008-09, was not only whisked away from the protest site by police but also in the midnight drama, the Lucknow police tried admitting Rinkit to a local hospital first and then to the psychiatric ward of a medical college.

Appendix 2

Hopping Disease – A comedic example.

A group of psychiatrists made a recent discovery. They found that there is a unusual mental disease that may be spreading thru the animal kingdom, and it may be harmful to humans. Psychiatrists are very good at grouping behaviors. They call this "science", because it means you are noticing similar behaviors, and only smart people can do this.

They noted an unsual mental disorder called "Hopping Disease". it is found in frogs, rabbits, kangaroos, and mexican jumping beans. This mental disorder is characterized by a refusal to walk like everyone else. It is "anti-authoritarian", and clearly demonstrates a rebellious attitude and a lack of respect for authority figures. Why else would someone exhibit such behavior?

This is clearly a global phenomena - Hopping Disease is found in Brazilian frogs, French rabbits, Australian kangaroos, and Mexican jumping beans.

In the DSM-5, Hopping Disease is categorized as "Anti-Authoritarian" behavior and may be contagious. It is a dangerous disease and can lead to drug abuse and acts of terrorism. These animals should not be allowed to congregate together, as it may spread to other animals or humans.

After extensive testing, the psychiatrists found that large doses of morphine will cure these animals of this mental disorder. Unfortunately, they also found a high mortality rate, because

when given large doses, they don't seem to exhibit any behavior at all.

The psychiatrists were so proud because they found a cure.

Nonetheless, we cannot allow this dangerous disease to spread, as it may infect humans. One psychiatrist noted that some children on a playground were found to exhibit early signs of the disease, particularly when jumping rope or skipping. The disease might be spread by close contact at school playgrounds. If anyone is found to have this disease, they should immediately be placed on the Terrorist Watch List, because this is an issue of national insecurity.

Political abuse of psychiatry in the Soviet Union

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Sulfozinum

Psikhushka

The Serbsky Central Research Institute for Forensic Psychiatry, also briefly called the Serbsky Institute (the part of its building in Moscow)

There was systematic political abuse of psychiatry in the Soviet Union,[1] based on the interpretation of political opposition or dissent as a psychiatric problem.[2] It was called "psychopathological mechanisms" of dissent.[3]

During the leadership of General Secretary Leonid Brezhnev, psychiatry was used to disable and remove from society political opponents ("dissidents") who openly expressed beliefs that contradicted the official dogma.[4][5] The term "philosophical intoxication", for instance, was widely applied to the mental disorders diagnosed when people disagreed with the country's Communist leaders and, by

referring to the writings of the Founding Fathers of Marxism–Leninism—Karl Marx, Friedrich Engels, and Vladimir Lenin—made them the target of criticism.[6]

Article 58-10 of the Stalin-era Criminal Code, "Anti-Soviet agitation", was to a considerable degree preserved in the new 1958 RSFSR Criminal Code as Article 70 "Anti-Soviet agitation and propaganda". In 1967, a weaker law, Article 190-1 "Dissemination of fabrications known to be false, which defame the Soviet political and social system", was added to the RSFSR Criminal Code. These laws were frequently applied in conjunction with the system of diagnosis for mental illness, developed by academician Andrei Snezhnevsky. Together, they established a framework within which non-standard beliefs could easily be defined as a criminal offence and the basis, subsequently, for a psychiatric diagnosis.[7]

Contents

Applying the diagnosis

The "anti-Soviet" political behavior of some individuals – being outspoken in their opposition to the authorities, demonstrating for reform, and writing critical books – were defined simultaneously as criminal acts (e.g., a violation of Articles 70 or 190-1), symptoms of mental illness (e.g., "delusion of reformism"), and susceptible to a ready-made diagnosis (e.g., "sluggish schizophrenia").[8] Within the boundaries of the diagnostic category, the symptoms of pessimism, poor social adaptation and conflict with authorities were themselves sufficient for a formal diagnosis of "sluggish schizophrenia."[9]

The psychiatric incarceration of certain individuals was prompted by their attempts to emigrate, to distribute or possess prohibited documents or books, to participate in civil rights protests and demonstrations, and become involved in forbidden religious activities.[10] In accordance with the doctrine of state atheism, the religious beliefs of prisoners, including those of well-educated former atheists who had become adherents of a religious faith, was considered to be a form of mental illness that required treatment.[11][12] The KGB routinely sent dissenters to psychiatrists for diagnosing to avoid embarrassing public trials and to discredit dissidence as the product of ill minds.[13] Highly classified government documents which have become available after the dissolution of the Soviet Union confirm that the authorities consciously used psychiatry as a tool to suppress dissent.[14]

According to the "Commentary" to the post-Soviet Russian Federation Law on Psychiatric Care, individuals forced to undergo treatment in Soviet psychiatric medical institutions were entitled to rehabilitation in accordance with the established procedure and could claim compensation. The Russian Federation acknowledged that before 1991 psychiatry had been used for political purposes and took responsibility for the victims of "political psychiatry."[15]

The political abuse of psychiatry in Russia has continued, nevertheless, since the fall of the Soviet Union[16] and human rights activists may still face the threat of a psychiatric diagnosis for their legitimate civic and political activities.[17]

Background

Definitions

Mass repression

in the Soviet Union

Economic repression

CollectivizationDekulakizationSoviet famine of 1932–33 UkraineKazakhstan

Political repression

Red TerrorGreat PurgeGulagPunitive psychiatry

Ideological repression

DecossackizationReligion 1917–211921–281928–411958–641975–87Christ1gBz3WERkVCCnx9jQhUShgvSC69WVHhLeRd Images

Ethnic repression

National operations of the NKVDPopulation transfers

vte

Political abuse of psychiatry is the misuse of psychiatric diagnosis, detention and treatment for the purposes of obstructing the fundamental human rights of certain groups and individuals in a society.[18] It entails the exculpation and committal of citizens to psychiatric facilities based upon political rather than mental health-based criteria.[19] Many authors, including psychiatrists, also use the terms "Soviet political psychiatry"[20] or "punitive psychiatry" to refer to this phenomenon.[21]

In his book Punitive Medicine (1979) Alexander Podrabinek defined the term "punitive medicine", which is identified with "punitive psychiatry," as "a tool in the struggle against dissidents who cannot be punished by legal means."[22] Punitive psychiatry is neither a discrete subject nor a psychiatric specialty but, rather, it is an emergency arising within many applied sciences in totalitarian countries where members of a profession may feel themselves compelled to serve the diktats of power.[23] Psychiatric confinement of sane people is uniformly considered a particularly pernicious form of repression[24] and Soviet punitive psychiatry was one of the key weapons of both illegal and legal repression.[25]

As Vladimir Bukovsky and Semyon Gluzman wrote in their joint A Manual on Psychiatry for Dissenters, "the Soviet use of psychiatry as a punitive means is based upon the deliberate interpretation of dissent... as a psychiatric problem."[26]

An inherent capacity for abuse

The diagnosis of mental disease can give the state license to detain persons against their will and insist upon therapy both in the interest of the detainee and in the broader interests of society.[27] In addition, receiving a psychiatric diagnosis can in itself be regarded as oppressive.[28] In a monolithic state, psychiatry can be used to bypass standard legal procedures for establishing guilt or innocence and allow political incarceration without the ordinary odium attaching to such political trials.[27]

In the period from the 1960s to 1986, the abuse of psychiatry for political purposes was reported to have been systematic in the Soviet Union and episodic in other Eastern European countries such as Romania, Hungary, Czechoslovakia, and Yugoslavia.[29] The practice of incarceration of political dissidents in mental hospitals in Eastern Europe and the former USSR damaged the credibility of psychiatric practice in these states and entailed strong condemnation from the international community.[30] Psychiatrists have been involved in human rights abuses in states across the world when the definitions of mental disease were expanded to include political disobedience.[31] As scholars have long argued, governmental and medical institutions have at times classified threats to authority during periods of political disturbance and instability as a form of mental disease.[32] In many countries, political prisoners are still sometimes confined and abused in mental institutions.[33]

In the Soviet Union, dissidents were often confined in psychiatric wards commonly called psikhushkas.[34] Psikhushka is the Russian ironic diminutive for "psychiatric hospital".[35] One of the first penal psikhushkas was the Psychiatric Prison Hospital in the city of Kazan.[36] In 1939, it was transferred to the control of the NKVD (the secret police and precursor of the KGB) on the orders of Lavrentiy Beria, the head of the NKVD.[37] International human rights defenders such as Walter Reich have long recorded the methods by which Soviet psychiatrists in Psikhushka hospitals diagnosed

schizophrenia in political dissenters.[32] Western scholars examined no aspect of Soviet psychiatry as thoroughly as its involvement in the social control of political dissenters.[38]

Under Stalin, Khrushchev and Brezhnev

As early as 1948, the Soviet secret service took an interest in this area of medicine.[39] One of those with overall responsibility for the Soviet secret police, pre-war Procurator General and State Prosecutor, the deputy Minister of Foreign Affairs Andrey Vyshinsky, was the first to order the use of psychiatry as a tool of repression.[40] Russian psychiatrist Pyotr Gannushkin also believed that in a class society, especially during the most severe class struggle, psychiatry was incapable of not being repressive.[41] A system of political abuse of psychiatry was developed at the end of Joseph Stalin's regime.[42]

Punitive psychiatry was not simply an inheritance from the Stalin era, however, according to Alexander Etkind. The Gulag, or Chief Administration for Corrective Labor Camps, was an effective instrument of political repression. There was no compelling requirement to develop an alternative and more expensive psychiatric substitute.[43] The abuse of psychiatry was a natural product of the later Soviet era.[43] From the mid-1970s to the 1990s, the structure of the USSR mental health service conformed to the double standard in society, being represented by two distinct systems which co-existed peacefully for the most part, despite periodic conflicts between them:

system one was that of punitive psychiatry. It directly served the authorities and those in power, and was headed by the Moscow Institute for Forensic Psychiatry named in honour of Vladimir Serbsky;

system two was made up of elite, psychotherapeutically oriented clinics. It was headed by the Leningrad Psychoneurological Institute named in memory of Vladimir Bekhterev.[43]

The hundreds of hospitals in the provinces combined elements of both systems.[43]

If someone was mentally ill then, they were sent to psychiatric hospitals and confined there until they died.[44] If his mental health was uncertain but he was not constantly unwell, he and his kharakteristika [testimonial from employers, the Party and other Soviet institutions] were sent to a labour camp or to be shot.[44] When allusions to socialist legality started to be made, it was decided to prosecute such people.[44] Soon it became apparent that putting people who gave anti-Soviet speeches on trial only made matters worse for the regime. Such individuals were no longer tried in court. Instead they were given a psychiatric examination and declared insane.[44]

The Joint Session, October 1951

Main article: Pavlovian session

In the 1950s, the psychiatrists of the Soviet Union turned themselves into the medical arm of the Gulag State.[45] A precursor of later abuses in psychiatry in the Soviet Union, the "Joint Session" of the USSR Academy of Medical Sciences and the Board of the All-Union Neurological and Psychiatric Association took place from 10 to 15 October 1951. The event was dedicated, supposedly, to the great Russian physiologist Ivan Pavlov and alleged that several of the USSR's leading neuroscientists and psychiatrists of the time (among them Grunya Sukhareva, Vasily Gilyarovsky, Raisa Golant, Aleksandr Shmaryan, and Mikhail Gurevich) were guilty of practicing "anti-Pavlovian, anti-Marxist, idealistic [and] reactionary" science, and this was damaging to Soviet psychiatry.[46]

During the Joint Session, these eminent psychiatrists, motivated by fear, had to publicly admit that their scientific positions were erroneous and they also had to promise to conform to "Pavlovian" doctrines.[46] These public declarations of obedience proved insufficient. In the closing speech Snezhnevsky, the lead author of the Session's policy report, stated that the accused psychiatrists "have not disarmed themselves and continue to remain in the old anti-Pavlovian positions", thereby causing "grave damage to the Soviet psychiatric research and practice". The vice president of the USSR Academy of Medical Sciences accused them of "diligently worshipping the dirty source of American pseudo-science".[47] Those who articulated these accusations at the Joint Session – among them Irina Strelchuk, Vasily Banshchikov, Oleg Kerbikov, and Snezhnevsky – were distinguished by their careerist ambition and fear for their own positions.[46] Not surprisingly, many of them were promoted and appointed to leadership posts shortly after the session.[46]

The Joint Session also had a negative impact on several leading Soviet academic neuroscientists, such as Pyotr Anokhin, Aleksey Speransky, Lina Stern, Ivan Beritashvili, and Leon Orbeli. They were labeled as anti-Pavlovians, anti-materialists and reactionaries and subsequently they were dismissed from their positions.[46] In addition to losing their laboratories some of these scientists were subjected to torture in prison.[46] The Moscow, Leningrad, Ukrainian, Georgian, and Armenian schools of neuroscience and neurophysiology were damaged for a period due to this loss of personnel.[46] The Joint Session ravaged productive research in neurosciences and psychiatry for years to come.[46] Pseudo-science took control.[46]

Following a previous joint session of the USSR Academy of Sciences and the USSR Academy of Medical Sciences (28 June–4 July 1950) and the 10-15 October 1951 joint session of the Presidium of the Academy of Medical Sciences and the Board of the All-Union Society of Neuropathologists and Psychiatrists, Snezhnevky's school was given the leading role.[48] The 1950 decision to give monopoly

over psychiatry to the Pavlovian school of Snezhnevsky was one of the crucial factors in the rise of political psychiatry.[49] The Soviet doctors, under the incentive of Snezhnevsky, devised a "Pavlovian theory of schizophrenia" and increasingly applied this diagnostic category to political dissidents.[50]

"Sluggish schizophrenia"

Main article: Sluggish schizophrenia

"The incarceration of free thinking healthy people in madhouses is spiritual murder, it is a variation of the gas chamber, even more cruel; the torture of the people being killed is more malicious and more prolonged. Like the gas chambers, these crimes will never be forgotten and those involved in them will be condemned for all time during their life and after their death."[51] (Alexander Solzhenitsyn)

Psychiatric diagnoses such as the diagnosis of "sluggish schizophrenia" in political dissidents in the USSR were used for political purposes.[52] It was the diagnosis of "sluggish schizophrenia" that was most prominently used in cases of dissidents.[53] Sluggish schizophrenia as one of the new diagnostic categories was created to facilitate the stifling of dissidents and was a root of self-deception among psychiatrists to placate their consciences when the doctors acted as a tool of oppression in the name of a political system.[54] According to the Global Initiative on Psychiatry chief executive Robert van Voren, the political abuse of psychiatry in the USSR arose from the conception that people who opposed the Soviet regime were mentally sick since there was no other logical rationale why one would oppose the sociopolitical system considered the best in the world.[55] The diagnosis "sluggish schizophrenia," a longstanding concept further developed by the Moscow School of Psychiatry and particularly by its chief Snezhnevsky, furnished a very handy framework for explaining this behavior.[55]

The weight of scholarly opinion holds that the psychiatrists who played the primary role in the development of this diagnostic concept were following directives from the Communist Party and the Soviet secret service, or KGB, and were well aware of the political uses to which it would be put. Nevertheless, for many Soviet psychiatrists "sluggish schizophrenia" appeared to be a logical explanation to apply to the behavior of critics of the regime who, in their opposition, seemed willing to jeopardize their happiness, family, and career for a reformist conviction or ideal that was so apparently divergent from the prevailing social and political orthodoxy.[55]

Snezhnevsky, the most prominent theorist of Soviet psychiatry and director of the Institute of Psychiatry of the USSR Academy of Medical Sciences, developed a novel classification of mental disorders postulating an original set of diagnostic criteria.[9] A carefully crafted description of sluggish schizophrenia established that psychotic symptoms were non-essential for the diagnosis, but symptoms

of psychopathy, hypochondria, depersonalization or anxiety were central to it.[9] Symptoms referred to as part of the "negative axis" included pessimism, poor social adaptation, and conflict with authorities, and were themselves sufficient for a formal diagnosis of "sluggish schizophrenia with scanty symptoms."[9] According to Snezhnevsky, patients with sluggish schizophrenia could present as quasi sane yet manifest minimal but clinically relevant personality changes which could remain unnoticed to the untrained eye.[9] Thereby patients with non-psychotic mental disorders, or even persons who were not mentally sick, could be easily labelled with the diagnosis of sluggish schizophrenia.[9] Along with paranoia, sluggish schizophrenia was the diagnosis most frequently used for the psychiatric incarceration of dissenters.[9] As per the theories of Snezhnevsky and his colleagues, schizophrenia was much more prevalent than previously considered since the illness could be presented with comparatively slight symptoms and only progress afterwards.[55] As a consequence, schizophrenia was diagnosed much more often in Moscow than in cities of other countries, as the World Health Organization Pilot Study on Schizophrenia reported in 1973.[55] The city with the highest prevalence of schizophrenia in the world was Moscow.[56] In particular, the scope was widened by sluggish schizophrenia because according to Snezhnevsky and his colleagues, patients with this diagnosis were capable of functioning almost normally in the social sense.[55] Their symptoms could be like those of a neurosis or could assume a paranoid character.[55] The patients with paranoid symptoms retained some insight into their condition but overestimated their own significance and could manifest grandiose ideas of reforming society.[55] Thereby, sluggish schizophrenia could have such symptoms as "reform delusions," "perseverance," and "struggle for the truth."[55] As Viktor Styazhkin reported, Snezhnevsky diagnosed a reformation delusion for every case when a patient "develops a new principle of human knowledge, drafts an academy of human happiness, and many other projects for the benefit of mankind."[57]

In the 1960s and 1970s, theories, which contained ideas about reforming society and struggling for truth, and religious convictions were not referred to delusional paranoid disorders in practically all foreign classifications, but Soviet psychiatry, proceeding from ideological conceptions, referred critique of the political system and proposals to reform this system to the delusional construct.[58] Diagnostic approaches of conception of sluggish schizophrenia and paranoiac states with delusion of reformism were used only in the Soviet Union and several Eastern European countries.[59]

On the covert orders of the KGB, thousands of social and political reformers—Soviet "dissidents"—were incarcerated in mental hospitals after being labelled with diagnoses of "sluggish schizophrenia", a disease fabricated by Snezhnevsky and "Moscow school" of psychiatry.[60] American psychiatrist Alan A. Stone stated that Western criticism of Soviet psychiatry aimed at Snezhnevsky personally, because he was essentially responsible for the Soviet concept of schizophrenia with a "sluggish type" manifestation by "reformerism" including other symptoms.[61] One can readily apply this diagnostic scheme to dissenters.[61] Snezhnevsky was long attacked in the West as an exemplar of psychiatric abuse in the USSR.[53] The leading critics implied that Snezhnevsky had designed the Soviet model of schizophrenia

and this diagnosis to make political dissent into a mental disease.[62] He was charged with cynically developing a system of diagnosis which could be bent for political purposes, and he himself diagnosed or was involved in a series of famous dissident cases,[53] and, in dozens of cases, he personally signed a commission decision on legal insanity of mentally healthy dissidents including Vladimir Bukovsky, Natalya Gorbanevskaya, Leonid Plyushch, Mikola Plakhotnyuk,[63] and Pyotr Grigorenko.[64]

Beginning of the trend toward mass abuse

From Khrushchev to Andropov

The campaign to declare political opponents mentally sick and to commit dissenters to mental hospitals began in the late 1950s and early 1960s.[39] As Vladimir Bukovsky commented on the emergence of the political abuse of psychiatry,[65] Nikita Khrushchev reckoned that it was impossible for people in a socialist society to have an anti-socialist consciousness. Whenever manifestations of dissidence could not be justified as a provocation of world imperialism or a legacy of the past, they were self-evidently the product of mental disease.[39] In a speech published in the Pravda daily newspaper on 24 May 1959, Khrushchev said:

A crime is a deviation from generally recognized standards of behavior frequently caused by mental disorder. Can there be diseases, nervous disorders among certain people in a Communist society? Evidently yes. If that is so, then there will also be offences, which are characteristic of people with abnormal minds. Of those who might start calling for opposition to Communism on this basis, we can say that clearly their mental state is not normal.[39]

Yuri Andropov (1914–1984), a KGB Chairman and General Secretary of the CPSU

The now available evidence supports the conclusion that the system of political abuse of psychiatry was carefully designed by the KGB to rid the USSR of undesirable elements.[66] According to several available documents and a message by a former general of the Fifth (dissident) Directorate of the Ukrainian KGB to Robert van Voren, political abuse of psychiatry as a systematic method of repression was developed by Yuri Andropov along with a selected group of associates.[67]

Andropov was in charge of the wide-ranging deployment of psychiatric repression from the moment he was appointed to head the KGB.[68] He became KGB Chairman on 18 May 1967.[69] On 3 July 1967, he made a proposal to establish a Fifth Directorate (ideological counterintelligence) within the KGB to deal with internal political opposition to the Soviet regime.[70][71] The Directorate was set up at the end of

July and took charge of KGB files on all Soviet dissidents, including Andrei Sakharov and Alexander Solzhenitsyn.[70] In 1968, KGB Chairman Andropov issued a departmental order "On the tasks of State security agencies in combating the ideological sabotage by the adversary", calling for the KGB to struggle against dissidents and their imperialist masters.[72] His aim was "the destruction of dissent in all its forms" and he insisted that the positions of the capitalist countries on human rights, and their criticisms of the Soviet Union and its own politics of human rights from these positions, was just one part of a wide-ranging imperialist plot to undermine the Soviet state's foundation.[72] Similar ideas can be found in the 1983 book Speeches and Writings by Andropov published when he had become General Secretary of the CPSU:[73]

[w]hen analyzing the main trend in present-day bourgeois criticism of [Soviet] human rights policies one is bound to draw the conclusion that although this criticism is camouflaged with "concern" for freedom, democracy, and human rights, it is directed in fact against the socialist essence of Soviet society...

Implementation and the legal framework

On 29 April 1969, Andropov submitted an elaborate plan to the Central Committee of the Communist Party of the Soviet Union to set up a network of mental hospitals that would defend the "Soviet Government and the socialist order" from dissenters.[74] To persuade his fellow Politburo members of the risk posed by the mentally ill, Andropov circulated a report from the Krasnodar Region.[75] A secret resolution of the USSR Council of Ministers was adopted.[76] Andropov's proposal to use psychiatry for struggle against dissenters was adopted and implemented.[77]

In 1929, the USSR had 70 psychiatric hospitals and 21,103 psychiatric beds. By 1935, this had increased to 102 psychiatric hospitals and 33,772 psychiatric beds, and by 1955 there were 200 psychiatric hospitals and 116,000 psychiatric beds in the Soviet Union.[78] The Soviet authorities built psychiatric hospitals at a rapid pace and increased the quantity of beds for patients with nervous and mental illnesses: between 1962 and 1974, the number of beds for psychiatric patients increased from 222,600 to 390,000.[79] Such an expansion in the number of psychiatric beds was expected to continue in the years up to 1980.[80] Throughout this period the dominant trend in Soviet psychiatry ran counter to the vigorous attempts in Western countries to treat as many as possible as out-patients rather than in-patients.[80]

On 15 May 1969, a Soviet Government decree (No. 345–209) was issued "On measures for preventing dangerous behavior (acts) on the part of mentally ill persons."[81] This decree confirmed the practice of having undesirables hauled into detention by psychiatrists.[81] Soviet psychiatrists were told whom they should examine and were assured that they might detain these individuals with the help of the police or

entrap them into coming to the hospital.[81] The psychiatrists thereby doubled as interrogators and as arresting officers.[81] Doctors fabricated a diagnosis requiring detention and no court decision was required for subjecting the individual to indefinite confinement in a psychiatric institution.[81]

By the end of the 1950s, confinement to a psychiatric institution had become the most commonly used method of punishing leaders of the political opposition.[9] In the 1960s and 1970s, the trials of dissenters and their referral for "treatment" to the Special Psychiatric Hospitals under MVD control and oversight[82] came out into the open, and the world learned of a wave of "psychiatric terror" which was flatly denied by those in charge of the Serbsky Institute.[83] The bulk of psychiatric repression spans the period from the late 1960s to the early 1980s.[84] As CPSU General Secretary, from November 1982 to February 1984, Yury Andropov demonstrated little patience with domestic dissafection and continued the Brezhnev Era policy of confining dissenters in mental hospitals.[85]

Examination and hospitalization

Political dissidents were usually charged under Articles 70 (agitation and propaganda against the Soviet state) and 190-1 (dissemination of false fabrications defaming the Soviet state and social system) of the RSFSR Criminal Code.[9] Forensic psychiatrists were asked to examine offenders whose mental state was considered abnormal by the investigating officers.[9]

In almost every case, dissidents were examined at the Serbsky Central Research Institute for Forensic Psychiatry[86] in Moscow, where persons being prosecuted in court for committing political crimes were subjected to a forensic-psychiatric expert evaluation.[84] Once certified, the accused and convicted were sent for involuntary treatment to the Special Psychiatric Hospitals controlled by the Ministry of Internal Affairs (MVD) of the Russian Soviet Federative Socialist Republic.[84]

The accused had no right of appeal.[9] The right was given to their relatives or other interested persons but they were not allowed to nominate psychiatrists to take part in the evaluation, because all psychiatrists were considered fully independent and equally credible before the law.[9]

According to dissident poet Naum Korzhavin, the atmosphere at the Serbsky Institute in Moscow altered almost overnight when Daniil Lunts took over as head of the Fourth Department (otherwise known as the Political Department).[39] Previously, psychiatric departments were regarded as a 'refuge' against being dispatched to the Gulag. Now that policy altered.[39] The first reports of dissenters being hospitalized on non-medical grounds date from the early 1960s, not long after Georgy Morozov was

appointed director of the Serbsky Institute.[39] Both Morozov and Lunts were personally involved in numerous well-known cases and were notorious abusers of psychiatry for political purposes.[39] Most prisoners, in Viktor Nekipelov's words, characterized Daniil Lunts as "no better than the criminal doctors who performed inhuman experiments on the prisoners in Nazi concentration camps."[87]

A well-documented practice was the use of psychiatric hospitals as temporary prisons during the two or three weeks around the 7 November (October Revolution) Day and May Day celebrations, to isolate "socially dangerous" persons who otherwise might protest in public or manifest other deviant behavior.[88]

Struggle against abuse

Main article: Struggle against political abuse of psychiatry in the Soviet Union

In the 1960s, a vigorous movement grew up protesting against abuse of psychiatry in the USSR.[89] Political abuse of psychiatry in the Soviet Union was denounced in the course of the Congresses of the World Psychiatric Association in Mexico City (1971), Hawaii (1977), Vienna (1983) and Athens (1989).[9] The campaign to terminate political abuse of psychiatry in the USSR was a key episode in the Cold War, inflicting irretrievable damage on the prestige of medicine in the Soviet Union.[60]

Classification of the victims

Main article: Cases of political abuse of psychiatry in the Soviet Union

Upon analysis of over 200 well-authenticated cases covering the period 1962–1976, Sidney Bloch and Peter Reddaway developed a classification of the victims of Soviet psychiatric abuse. They were classified as:[90]

advocates of human rights or democratization;

nationalists;

would-be emigrants;

religious believers;

citizens inconvenient to the authorities.

The advocates of human rights and democratization, according to Bloch and Reddaway, made up about half the dissidents repressed by means of psychiatry.[90] Nationalists made up about one-tenth of the

dissident population dealt with psychiatrically.[91] Would-be emigrants constituted about one-fifth of dissidents victimized by means of psychiatry.[92] People detained only because of their religious activity made up about fifteen per cent of dissident-patients.[92] Citizens inconvenient to the authorities because of their "obdurate" complaints about bureaucratic excesses and abuses accounted for about five per cent of dissidents subject to psychiatric abuse.[93]

Incomplete figures

In 1985, Peter Reddaway and Sidney Bloch provided documented data on some five hundred cases in their book Soviet Psychiatric Abuse.[94]

True scale of repression

On basis of the available data and materials accumulated in the archives of the International Association on the Political Use of Psychiatry, one can confidently conclude that thousands of dissenters were hospitalized for political reasons.[55] From 1994 to 1995, an investigative commission of Moscow psychiatrists explored the records of five prison psychiatric hospitals in Russia and discovered about two thousand cases of political abuse of psychiatry in these hospitals alone.[55] In 2004, Anatoly Prokopenko said he was surprised at the facts obtained by him from the official classified top secret documents by the Central Committee of the CPSU, by the KGB, and MVD.[95] According to his calculations based on what he found in the documents, about 15,000 people were confined for political crimes in the psychiatric prison hospitals under the control of the MVD.[95] In 2005, referring to the Archives of the CPSU Central Committee and the records of the three Special Psychiatrial Hospitals — Sychyovskaya, Leningrad and Chernyakhovsk hospitals — to which human rights activists gained access in 1991, Prokopenko concluded that psychiatry had been used as punitive measure against about 20,000 people for purely political reasons.[96] This was only a small part of the total picture, Prokopenko said. The data on the total number of people who had been held in all sixteen prison hospitals and in the 1,500 "open" psychiatric hospitals remains unknown because parts of the archives of the prison psychiatric hospitals and hospitals in general are classified and inaccessible.[96] The figure of fifteen or twenty thousand political prisoners in psychiatric hospitals run by the Soviet Ministry of Internal Affairs was first put forward by Prokopenko in the 1997 book Mad Psychiatry ("Безумная психиатрия"),[97] which was republished in 2005.[98]

An indication of the extent of the political abuse of psychiatry in the USSR is provided by Semyon Gluzman's calculation that the percentage of "the mentally ill" among those accused of so-called anti-Soviet activities proved many times higher than among criminal offenders.[99][19] The attention paid to political prisoners by Soviet psychiatrists was more than 40 times greater than their attention to ordinary criminal offenders.[99] This derives from the following comparison: 1–2% of all the forensic

psychiatric examinations carried out by the Serbsky Institute targeted those accused of anti-Soviet activities;[99][19] convicted dissidents in penal institutions made up 0.05% of the total number of convicts;[99][19] 1–2% is 40 times greater than 0.05%.[99][19]

According to Viktor Luneyev, the struggle against dissent operated on many more layers than those registered in court sentences. We do not know how many the secret services kept under surveillance, held criminally liable, arrested, sent to psychiatric hospitals, or who were sacked from their jobs, and restricted in all kinds of other ways in the exercise of their rights.[100] No objective assessment of the total number of repressed persons is possible without fundamental analysis of archival documents.[101] The difficulty is that the required data are very diverse and are not to be found in a single archive.[101] They are scattered between the State Archive of the Russian Federation, the archive of the Russian Federation State Statistical Committee (Goskomstat), the archives of the RF Ministry of Internal Affairs (MVD of Russia), the FSB of Russia, the RF General Prosecutor's Office, and the Russian Military and Historical Archive. Further documents are held in the archives of 83 constituent entities of the Russian Federation, in urban and regional archives, as well as in the archives of the former Soviet Republics, now the 11 independent countries of the Commonwealth of Independent States or the three Baltic States (Baltics).[101]

Concealment of the data

According to Russian psychiatrist Emmanuil Gushansky, the scale of psychiatric abuses in the past, the use of psychiatric doctrines by the totalitarian state have been thoroughly concealed.[102] The archives of the Soviet Ministries of Internal Affairs (MVD) and Health (USSR Health Ministry), and of the Serbsky Institute for Forensic Psychiatry, which between them hold evidence about the expansion of psychiatry and the regulations governing that expansion, remain totally closed to researchers, says Gushansky.[102] Dan Healey shares his opinion that the abuses of Soviet psychiatry under Stalin and, even more dramatically, in the 1960s to 1980s remain under-researched: the contents of the main archives are still classified and inaccessible.[103] Hundreds of files on people who underwent forensic psychiatric examinations at the Serbsky Institute during Stalin's time are on the shelves of the highly classified archive in its basement[104] where Gluzman saw them in 1989.[105] All are marked by numbers without names or surnames, and any biographical data they contain[104] is unresearched and inaccessible to researchers.[105]

Anatoly Sobchak, the former Mayor of Saint Petersburg, wrote:

The scale of the application of methods of repressive psychiatry in the USSR is testified by inexorable figures and facts. A commission of the top Party leadership headed by Alexei Kosygin reached a decision

in 1978 to build 80 psychiatric hospitals and 8 special psychiatric institutions in addition to those already in existence. Their construction was to be completed by 1990. They were to be built in Krasnoyarsk, Khabarovsk, Kemerovo, Kuibyshev, Novosibirsk, and other parts of the Soviet Union. In the course of the changes that the country underwent in 1988, five prison hospitals were transferred from the MVD to the jurisdiction of the Ministry of Health, while another five were closed down. There was a hurried covering of tracks through the mass rehabilitation of patients, some of whom were mentally disabled (in one and the same year no less than 800,000 patients were removed from the psychiatric registry). In Leningrad alone 60,000 people with a diagnosis of mental illness were released and rehabilitated in 1991 and 1992. In 1978, 4.5 million people throughout the USSR were registered as psychiatric patients. This was equivalent to the population of many civilized countries.[106]

In Ukraine, a study of the origins of the political abuse of psychiatry was conducted for five years on the basis of the State archives.[107] A total of 60 people were again examined.[107] All were citizens of Ukraine, convicted of political crimes and hospitalized on the territory of Ukraine. Not one of them, it turned out, was in need of any psychiatric treatment.[107]

Alexander Yakovlev (1923–2005), the head of the Commission for Rehabilitation of the Victims of Political Repression

From 1993 to 1995, a presidential decree on measures to prevent future abuse of psychiatry was being drafted at the Commission for Rehabilitation of the Victims of Political Repression.[108] For this purpose, Anatoly Prokopenko selected suitable archival documents and, at the request of Vladimir Naumov, the head of research and publications at the commission, Emmanuil Gushansky drew up the report.[108] It correlated the archival data presented to Gushansky with materials received during his visits, conducted jointly with the commission of the Independent Psychiatric Association of Russia, to several strict-regime psychiatric hospitals (former Special Hospitals under MVD control).[108] When the materials for discussion in the Commission for Rehabilitation of the Victims of Political Repression were ready, however, the work came to a standstill.[108] The documents failed to reach the head of the Commission Alexander Yakovlev.[108]

The report on political abuse of psychiatry prepared at the request of the commission by Gushansky with the aid of Prokopenko lay unclaimed and even the Independent Psychiatric Journal (Nezavisimiy Psikhiatricheskiy Zhurnal)[102] would not publish it. The Moscow Research Center for Human Rights headed by Boris Altshuler and Alexey Smirnov and the Independent Psychiatric Association of Russia whose president is Yuri Savenko were asked by Gushansky to publish the materials and archival documents on punitive psychiatry but showed no interest in doing so.[108] Publishing such documents

is dictated by present-day needs and by how far it is feared that psychiatry could again be abused for non-medical purposes.[109]

In its 2000 report, the Commission for Rehabilitation of the Victims of Political Repression included only the following four phrases about the political abuse of psychiatry:[110]

The Commission has also considered such a complex, socially relevant issue, as the use of psychiatry for political purposes. The collected documents and materials allow us to say that the extrajudicial procedure of admission to psychiatric hospitals was used for compulsory hospitalization of persons whose behavior was viewed by the authorities as "suspicious" from the political point of view. According to the incomplete data, hundreds of thousands of people have been illegally placed to psychiatric institutions of the country over the years of Soviet power. The rehabilitation of these people was limited, at best, to their removal from the registry of psychiatric patients and usually remains so today, due to gaps in the legislation.

In the 1988 and 1989, about two million people were removed from the psychiatric registry at the request of Western psychiatrists. It was one of their conditions for the re-admission of Soviet psychiatrists to the World Psychiatric Association.[111] Yury Savenko has provided different figures in different publications: about one million,[112] up to one and a half million,[113] about one and a half million people removed from the psychiatric registry.[114] Mikhail Buyanov provided the figure of over two million people removed from the psychiatric registry.[115]

Theoretical analysis

In 1990, Psychiatric Bulletin of the Royal College of Psychiatrists published the article "Compulsion in psychiatry: blessing or curse?" by Russian psychiatrist Anatoly Koryagin. It contains analysis of the abuse of psychiatry and eight arguments by which the existence of a system of political abuse of psychiatry in the USSR can easily be demonstrated. As Koryagin wrote, in a dictatorial State with a totalitarian regime, such as the USSR, the laws have at all times served not the purpose of self-regulation of the life of society but have been one of the major levers by which to manipulate the behavior of subjects. Every Soviet citizen has constantly been straight considered state property and been regarded not as the aim, but as a means to achieve the rulers' objectives. From the perspective of state pragmatism, a mentally sick person was regarded as a burden to society, using up the state's material means without recompense and not producing anything, and even potentially capable of inflicting harm. Therefore, the Soviet State never considered it reasonable to pass special legislative acts protecting the material and legal part of the patients' life. It was only instructions of the legal and medical departments that stipulated certain rules of handling the mentally sick and imposing different sanctions on them. A person

with a mental disorder was automatically divested of all rights and depended entirely on the psychiatrists' will. Practically anybody could undergo psychiatric examination on the most senseless grounds and the issued diagnosis turned him into a person without rights. It was this lack of legal rights and guarantees that advantaged a system of repressive psychiatry in the country.[116]

According to American psychiatrist Oleg Lapshin, Russia until 1993 did not have any specific legislation in the field of mental health except uncoordinated instructions and articles of laws in criminal and administrative law, orders of the USSR Ministry of Health. In the Soviet Union, any psychiatric patient could be hospitalized by request of his headman, relatives or instructions of a district psychiatrist. In this case, patient's consent or dissent mattered not. The duration of treatment in a psychiatric hospital also depended entirely on the psychiatrist. All of that made the abuse of psychiatry possible to suppress those who opposed the political regime, and that created the vicious practice of ignoring the rights of the mentally ill.[117]

According to Yuri Savenko, the president of the Independent Psychiatric Association of Russia (the IPA), punitive psychiatry arises on the basis of the interference of three main factors:[118]

The ideologizing of science, its breakaway from the achievements of world psychiatry, the party orientation of Soviet forensic psychiatry.

The lack of legal basis.

The total nationalization of mental health service.

Their interaction system is principally sociological: the presence of the Penal Code article on slandering the state system inevitably results in sending a certain percentage of citizens to forensic psychiatric examination.[23] Thus, it is not psychiatry itself that is punitive, but the totalitarian state uses psychiatry for punitive purposes with ease.[23]

According to Larry Gostin, the root cause of the problem was the State itself.[119] The definition of danger was radically extended by the Soviet criminal system to cover "political" as well as customary physical types of "danger".[119] As Bloch and Reddaway note, there are no objective reliable criteria to determine whether the person's behavior will be dangerous, and approaches to the definition of dangerousness greatly differ among psychiatrists.[120]

Richard Bonnie, a professor of law and medicine at the University of Virginia School of Law, mentioned the deformed nature of the Soviet psychiatric profession as one of the explanations for why it was so easily bent toward the repressive objectives of the state, and pointed out the importance of a civil society and, in particular, independent professional organizations separate and apart from the state as one of the most substantial lessons from the period.[121]

According to Norman Sartorius, a former president of the World Psychiatric Association, political abuse of psychiatry in the former Soviet Union was facilitated by the fact that the national classification included categories that could be employed to label dissenters, who could then be forcibly incarcerated and kept in psychiatric hospitals for "treatment".[122] Darrel Regier, vice-chair of the DSM-5 task force, has a similar opinion that the political abuse of psychiatry in the USSR was sustained by the existence of a classification developed in the Soviet Union and used to organize psychiatric treatment and care.[123] In this classification, there were categories with diagnoses that could be given to political dissenters and led to the harmful involuntary medication.[123]

According to Moscow psychiatrist Alexander Danilin, the so-called "nosological" approach in the Moscow psychiatric school established by Snezhnevsky boiles down to the ability to make the only diagnosis, schizophrenia; psychiatry is not science but such a system of opinions and people by the thousands are falling victims to these opinions—millions of lives were crippled by virtue of the concept "sluggish schizophrenia" introduced some time once by an academician Snezhnevsky, whom Danilin called a state criminal.[124]

St Petersburg academic psychiatrist professor Yuri Nuller notes that the concept of Snezhnevsky's school allowed psychiatrists to consider, for example, schizoid psychopathy and even schizoid character traits as early, delayed in their development, stages of the inevitable progredient process, rather than as personality traits inherent to the individual, the dynamics of which might depend on various external factors.[125] The same also applied to a number of other personality disorders.[125] It entailed the extremely broadened diagnostics of sluggish (neurosis-like, psychopathy-like) schizophrenia.[125] Despite a number of its controversial premises and in line with the traditions of then Soviet science, Snezhnevsky's hypothesis has immediately acquired the status of dogma which was later overcome in other disciplines but firmly stuck in psychiatry.[126] Snezhnevsky's concept, with its dogmatism, proved to be psychologically comfortable for many psychiatrists, relieving them from doubt when making a diagnosis.[126] That carried a great danger: any deviation from a norm evaluated by a doctor could be regarded as an early phase of schizophrenia, with all ensuing consequences.[126] It resulted in the broad opportunity for voluntary and involuntary abuses of psychiatry.[126] However, Snezhnevsky did not take civil and scientific courage to reconsider his concept which clearly reached a deadlock.[126]

According to American psychiatrist Walter Reich, the misdiagnoses of dissidents resulted from some characteristics of Soviet psychiatry that were distortions of standard psychiatric logic, theory, and practice.[53]

According to Semyon Gluzman, abuse of psychiatry to suppress dissent is based on condition of psychiatry in a totalitarian state.[19] Psychiatric paradigm of a totalitarian state is culpable for its expansion into spheres which are not initially those of psychiatric competence.[19] Psychiatry as a social institution, formed and functioning in the totalitarian state, is incapable of not being totalitarian.[19] Such psychiatry is forced to serve the two differently directed principles: care and treatment of mentally ill citizens, on the one hand, and psychiatric repression of people showing political or ideological dissent, on the other hand.[19] In the conditions of the totalitarian state, independent-minded psychiatrists appeared and may again appear, but these few people cannot change the situation in which thousands of others, who were brought up on incorrect pseudoscientific concepts and fear of the state, will sincerely believe that the uninhibited, free thinking of a citizen is a symptom of madness.[19] Gluzman specifies the following six premises for the unintentional participation of doctors in abuses:[19]

The specificity, in the totalitarian state, of the psychiatric paradigm tightly sealed from foreign influences.

The lack of legal conscience in most citizens including doctors.

Disregard for fundamental human rights on the part of the lawmaker and law enforcement agencies.

Declaratory nature or the absence of legislative acts that regulate providing psychiatric care in the country. The USSR, for example, adopted such an act only in 1988.

The absolute state paternalism of totalitarian regimes, which naturally gives rise to the dominance of the archaic paternalistic ethical concept in medical practice. Professional consciousness of the doctor is based on the almost absolute right to make decisions without the patient's consent (i.e. there is disregard for the principle of informed consent to treatment or withdrawal from it).

The fact, in psychiatric hospitals, of frustratingly bad conditions, which refer primarily to the poverty of health care and inevitably lead to the dehumanization of the personnel including doctors.

Gluzman says that there, of course, may be a different approach to the issue expressed by Michel Foucault.[127] According to Michael Perlin, Foucault in his book Madness and Civilization documented the history of using institutional psychiatry as a political tool, researched the expanded use of the public hospitals in the 17th century in France and came to the conclusion that "confinement [was an] answer to an economic crisis... reduction of wages, unemployment, scarcity of coin" and, by the 18th century, the psychiatric hospitals satisfied "the indissociably economic and moral demand for confinement."[128]

In 1977, British psychiatrist David Cooper asked Foucault the same question which Claude Bourdet had formerly asked Viktor Fainberg during a press conference given by Fainberg and Leonid Plyushch: when the USSR has the whole penitentiary and police apparatus, which could take charge of anybody, and which is perfect in itself, why do they use psychiatry? Foucault answered it was not a question of a distortion of the use of psychiatry but that was its fundamental project.[129] In the discussion Confinement, Psychiatry, Prison, Foucault states the cooperation of psychiatrists with the KGB in the Soviet Union was not abuse of medicine, but an evident case and "condensation" of psychiatry's "inheritance", an "intensification, the ossification of a kinship structure that has never ceased to function."[130] Foucault believed that the abuse of psychiatry in the USSR of the 1960s was a logical extension of the invasion of psychiatry into the legal system.[131] In the discussion with Jean Laplanche and Robert Badinter, Foucault says that criminologists of the 1880—1900s started speaking surprisingly modern language: "The crime cannot be, for the criminal, but an abnormal, disturbed behavior. If he upsets society, it's because he himself is upset".[132] This led to the twofold conclusions.[132] First, "the judicial apparatus is no longer useful." The judges, as men of law, understand such complex, alien legal issues, purely psychological matters no better than the criminal. So commissions of psychiatrists and physicians should be substituted for the judicial apparatus.[132] And in this vein, concrete projects were proposed.[132] Second, "We must certainly treat this individual who is dangerous only because he is sick. But, at the same time, we must protect society against him."[132] Hence comes the idea of mental isolation with a mixed function: therapeutic and prophylactic.[132] In the 1900s, these projects have given rise to very lively responses from European judicial and political bodies.[133] However, they found a wide field of applications when the Soviet Union became one of the most common but by no means exceptional cases.[133]

According to American psychiatrist Jonas Robitscher, psychiatry has been playing a part in controlling deviant behavior for three hundred years.[134] Vagrants, "originals," eccentrics, and homeless wanderers who did little harm but were vexatious to the society they lived in were, and sometimes still are, confined to psychiatric hospitals or deprived of their legal rights.[134] Some critics of psychiatry consider the practice as a political use of psychiatry and regard psychiatry as promoting timeserving.[134]

As Vladimir Bukovsky and Semyon Gluzman point out, it is difficult for the average Soviet psychiatrist to understand the dissident's poor adjustment to Soviet society.[135] This view of dissidence has nothing surprising about it—conformity reigned in Soviet consciousness; a public intolerance of non-conformist behavior always penetrated Soviet culture; and the threshold for deviance from custom was similarly low.[135]

An example of the low threshold is a point of Donetsk psychiatrist Valentine Pekhterev, who argues that psychiatrists speak of the necessity of adapting oneself to society, estimate the level of man's social functioning, his ability to adequately test the reality and so forth.[136] In Pekhterev's words, these speeches hit point-blank on the dissidents and revolutionaries, because all of them are poorly functioning in society, are hardly adapting to it either initially or after increasing requirements.[136] They turn their inability to adapt themselves to society into the view that the company breaks step and only they know how to help the company restructure itself.[136] The dissidents regard the cases of personal maladjustment as a proof of public ill-being.[136] The more such cases, the easier it is to present their personal ill-being as public one.[136] They bite the society's hand that feed them only because they are not given a right place in society.[136] Unlike the dissidents, the psychiatrists destroy the hardly formed defense attitude in the dissidents by regarding "public well-being" as personal one.[136] The psychiatrists extract teeth from the dissidents, stating that they should not bite the feeding hand of society only because the tiny group of the dissidents feel bad being at their place.[136] The psychiatrists claim the need to treat not society but the dissidents and seek to improve society by preserving and improving the mental health of its members.[136] After reading the book Institute of Fools by Viktor Nekipelov, Pekhterev concluded that allegations against the psychiatrists sounded from the lips of a negligible but vociferous part of inmates who when surfeiting themselves with cakes pretended to be sufferers.[136]

According to the response by Robert van Voren, Pekhterev in his article condescendingly argues that the Serbsky Institute was not so bad place and that Nekipelov exaggerates and slanders it, but Pekhterev, by doing so, misses the main point: living conditions in the Serbsky Institute were not bad, those who passed through psychiatric examination there were in a certain sense "on holiday" in comparison with the living conditions of the Gulag; and all the same, everyone was aware that the Serbsky Institute was more than the "gates of hell" from where people were sent to specialized psychiatric hospitals in Chernyakhovsk, Dnepropetrovsk, Kazan, Blagoveshchensk, and that is not all.[137] Their life was transformed to unimaginable horror with daily tortures by forced administration of drugs, beatings and other forms of punishment.[137] Many went crazy, could not endure what was happening to them, some even died during the "treatment" (for example, a miner from Donetsk Alexey Nikitin).[137] Many books and memoirs are written about the life in the psychiatric Gulag and every time when reading them a shiver seizes us.[137] The Soviet psychiatric terror in its brutality and targeting the mentally ill as the most vulnerable group of society had nothing on the Nazi euthanasia programs.[138] The punishment by placement in a mental hospital was as effective as imprisonment in Mordovian concentration camps in breaking persons psychologically and physically.[138] The recent history of the USSR should be given a wide publicity to immunize society against possible repetitions of the Soviet practice of political abuse of psychiatry.[138] The issue remains highly relevant.[138]

According to Fedor Kondratev, an expert of the Serbsky Center and supporter of Snezhnevsky and his colleagues who developed the concept of sluggish schizophrenia in the 1960s,[139] those arrested by

the KGB under RSFSR Criminal Code Article 70 ("anti-Soviet agitation and propaganda"), 190-1 ("dissemination of knowingly false fabrications that defame the Soviet state and social system") made up, in those years, the main group targeted by the period of using psychiatry for political purposes.[140] It was they who began to be searched for "psychopathological mechanisms" and, therefore, mental illness which gave the grounds to recognize an accused person as mentally incompetent, to debar him from appearance and defence in court, and then to send him for compulsory treatment to a special psychiatric hospital of the Ministry of Internal Affairs.[140] The trouble (not guilt) of Soviet psychiatric science was its theoretical overideologization as a result of the strict demand to severely preclude any deviations from the "exclusively scientific" concept of Marxism–Leninism.[3] This showed, in particular, in the fact that Soviet psychiatry under the totalitarian regime considered that penetrating the inner life of an ill person was flawed psychologization, existentionalization.[3] In this connection, one did not admit the possibility that an individual can behave "in a different way than others do" not only because of his mental illness but on the ground alone of his moral sets consistently with his conscience.[3] It entailed the consequence: if a person different from all others opposes the political system, one needs to search for "psychopathological mechanisms" of his dissent.[3] Even in cases when catamnesis confirmed the correctness of a diagnosis of schizophrenia, it did not always mean that mental disorders were the cause of dissent and, all the more, that one needed to administer compulsory treatment "for it" in special psychiatric hospitals.[3] What seems essential is another fact that the mentally ill could oppose the totalitarianism as well, by no means due to their "psychopathological mechanisms", but as persons who, despite having the diagnosis of schizophrenia, retained moral civic landmarks.[141] Any ill person with schizophrenia could be a dissident if his conscience could not keep silent, Kondratev says.[142]

According to St Petersburg psychiatrist Vladimir Pshizov, with regard to punitive psychiatry, the nature of psychiatry is of such a sort that using psychiatrists against opponents of authorities is always tempting for the authorities, because it is seemingly possible not to take into account an opinion by the person who received a diagnosis.[143] Therefore, the issue will always remain relevant.[143] While we do not have government policy of using psychiatry for repression, psychiatrists and former psychiatric nomenklatura retained the same on-the-spot reflexes.[143]

As Ukrainian psychiatrist Ada Korotenko notes, the use of punitive psychiatry allowed of avoiding the judicial procedure during which the accused might declare the impossibility to speak publicly and the violation of their civil rights.[144] Making a psychiatric diagnosis is insecure and can be based on a preconception.[145] Moreover, while diagnosing mental illness, subjective fuzzy diagnostic criteria are involved as arguments.[145] The lack of clear diagnostic criteria and clearly defined standards of diagnostics contributes to applying punitive psychiatry to vigorous and gifted citizens who disagree with authorities.[145] At the same time, most psychiatrists incline to believe that such a misdiagnosis is less dangerous than not diagnosing mental illness.[145]

German psychiattist Hanfried Helmchen says the uncertainty of diagnosis is prone to other than medical influence, e.g., political influence, as was the case with Soviet dissenters who were stifled by a psychiatric diagnosis, especially that of "sluggish schizophrenia," in order to take them away from society in special psychiatric hospitals.[146]

According to Russian psychologist Dmitry Leontev, punitive psychiatry in the Soviet Union was based on the assumption that only a madman can go against public dogma and seek for truth and justice.[147]

K. Fulford, A. Smirnov, and E. Snow state: "An important vulnerability factor, therefore, for the abuse of psychiatry, is the subjective nature of the observations on which psychiatric diagnosis currently depends."[148] The concerns about political abuse of psychiatry as a tactic of controlling dissent have been regularly voiced by American psychiatrist Thomas Szasz,[149] and he mentioned that these authors, who correctly emphasized the value-laden nature of psychiatric diagnoses and the subjective character of psychiatric classifications, failed to accept the role of psychiatric power.[150] Musicologists, drama critics, art historians, and many other scholars also create their own subjective classifications; however, lacking state-legitimated power over persons, their classifications do not lead to anyone's being deprived of property, liberty, or life.[150] For instance, plastic surgeon's classification of beauty is subjective, but the plastic surgeon cannot treat his or her patient without the patient's consent, therefore, there cannot be any political abuse of plastic surgery.[150] The bedrock of political medicine is coercion masquerading as medical treatment.[151] What transforms coercion into therapy are physicians diagnosing the person's condition an "illness," declaring the intervention they impose on the victim a "treatment," and legislators and judges legitimating these categorizations as "illnesses" and "treatments."[151] In the same way, physician-eugenicists advocated killing certain disabled or ill persons as a form of treatment for both society and patient long before the Nazis came to power.[151] Szasz argued that the spectacle of the Western psychiatrists loudly condemning Soviet colleagues for their abuse of professional standards was largely an exercise in hypocrisy.[152] Psychiatric abuse, such as people usually associated with practices in the former USSR, was connected not with the misuse of psychiatric diagnoses, but with the political power built into the social role of the psychiatrist in democratic and totalitarian societies alike.[152] Psychiatrically and legally fit subjects for involuntary mental hospitalization had always been "dissidents."[153] It is the contents and contours of dissent that has changed.[153] Before the American Civil War, dissent was constituted by being a Negro and wanting to escape from slavery.[153] In Soviet Russia, dissent was constituted by wanting to "reform" Marxism or emigrate to escape from it.[153] As Szasz put it, "the classification by slave owners and slave traders of certain individuals as Negroes was scientific, in the sense that whites were rarely classified as blacks. But that did not prevent the "abuse" of such racial classification, because (what we call) its abuse was, in fact, its use."[150] The collaboration between psychiatry and government leads to what Szasz calls the "Therapeutic State", a system in which disapproved actions, thoughts, and emotions are repressed

("cured") through pseudomedical interventions.[154] Thus suicide, unconventional religious beliefs, racial bigotry, unhappiness, anxiety, shyness, sexual promiscuity, shoplifting, gambling, overeating, smoking, and illegal drug use are all considered symptoms or illnesses that need to be cured.[154]

As Michael Robertson and Garry Walter suppose, psychiatric power in practically all societies expands on the grounds of public safety, which, in the view of the leaders of the USSR, was best maintained by the repression of dissidence.[155] According to Gwen Adshead, a British forensic psychotherapist at the Broadmoor Hospital, the question is what is meant by the word "abnormal."[156] Evidently it is possible for abnormal to be identified as "socially inappropriate."[156] If that is the case, social and political dissent is turned into a symptom by the medical terminology, and thereby becomes an individual's personal problem, not a social matter.[156]

According to Russian psychiatrist Emmanuil Gushansky, psychiatry is the only medical specialty in which the doctor is given the right to violence for the benefit of the patient.[157] The application of violence must be based on the mental health law, must be as much as possible transparent and monitored by representatives of the interests of persons who are in need of involuntary examination and treatment.[157] While being hospitalized in a psychiatric hospital for urgent indications, the patient should be accompanied by his relatives, witnesses, or other persons authorized to control the actions of doctors and law-enforcement agencies.[157] Otherwise, psychiatry becomes an obedient maid for administrative and governmental agencies and is deprived of its medical function.[157] It is the police that must come to the aid of citizens and is responsible for their security.[102] Only later, after the appropriate legal measures for social protection have been taken, the psychiatrist must respond to the queries of law enforcement and judicial authorities by solving the issues of involuntary hospitalization, sanity, etc.[102] In Russia, all that goes by opposites.[102] The psychiatrist is vested with punitive functions, is involved in involuntary hospitalization, the state machine hides behind his back, actually manipulating the doctor.[102] The police are reluctant to investigate offences committed by the mentally ill.[102] After receiving the information about their disease, the bodies of inquiry very often stop the investigation and do not bring it to the level of investigative actions.[102] Thereby psychiatry becomes a cloak for the course of justice and, by doing so, serves as a source for the rightlessness and stigmatization of both psychiatrists and persons with mental disorders.[102] The negative attitude to psychiatrists is thereby supported by the state machine and is accompanied by the aggression against the doctors, which increases during the periods of social unrest.[102]

Vladimir Bukovsky, well known for his struggle against political abuse of psychiatry in the Soviet Union, explained that using psychiatry against dissidents was usable to the KGB because hospitalization did not have an end date, and, as a result, there were cases when dissidents were kept in psychiatric prison hospitals for 10 or even 15 years.[158] "Once they pump you with drugs, they can forget about you", he said and added, "I saw people who basically were asleep for years."[159]

US President Ronald Reagan attributed the view that the "brutal treatment of Soviet dissidents was due to bureaucratic inertia."[160]

Residual problems

In the opinion of the Moscow Helsinki Group chairwoman Lyudmila Alexeyeva, the attribution of a mental illness to a prominent figure who came out with a political declaration or action is the most significant factor in the assessment of psychiatry during the 1960–1980s.[161] The practice of forced confinement of political dissidents in psychiatric facilities in the former USSR and Eastern Europe destroyed the credibility of psychiatric practice in these countries.[30] When psychiatric profession is discredited in one part of the world, psychiatry is discredited throughout the world.[162] Psychiatry lost its professional basis entirely with its abuse to stifle dissidence in the former USSR and in the so-called euthanasia program in Nazi Germany.[163] There is little doubt that the capacity for using psychiatry to enforce social norms and even political interests is immense.[30] Now psychiatry is vulnerable because many of its notions have been questioned, and the sustainable pattern of mental life, of boundaries of mental norm and abnormality has been lost, director of the Moscow Research Institute for Psychiatry Valery Krasnov says, adding that psychiatrists have to seek new reference points to make clinical assessments and new reference points to justify old therapeutical interventions.[161]

As Emmanuil Gushansky states, today subjective position of a Russian patient toward a medical psychologist and psychiatrist is defensive in nature and prevents the attempt to understand the patient and help him assess his condition.[164] Such a position is related to constant, subconscious fear of psychiatrists and psychiatry.[164] This fear is caused by not only abuse of psychiatry, but also constant violence in the totalitarian and post-totalitarian society.[164] The psychiatric violence and psychiatric arrogance as one of manifestations of such violence is related to the primary emphasis on symptomatology and biological causes of a disease, while ignoring psychological, existential, and psychodynamic factors.[164] Gushainsky notices that the modern Russian psychiatry and the structure of providing mental health care are aimed not at protecting the patient's right to an own place in life, but at discrediting such a right, revealing symptoms and isolating the patient.[102]

The psychiatrist became a scarecrow attaching psychiatric labels.[102] He is feared, is not confided, is not taken into confidence in the secrets of one's soul and is asked to provide only medications.[102] Psychiatric labels, or stigmas, have spread so widely that there is no such thing as the media that does not call a disliked person schizo and does not generalize psychiatric assessments to phenomena of public life.[102] The word psikhushka entered everyday vocabulary.[102] All persons who deviate from the usual standards of thought and behavior are declared mentally ill, with an approving giggling of

public.[102] Not surprisingly, during such a stigmatization, people with real mental disorders fear publicity like the plague.[102] Vilnius psychologist Oleg Lapin has the same point that politicians and the press attach psychological, psychiatric and medical labels; he adds that psychiatry has acquired the new status of normalizing life that was previously possessed by religion.[165] Formerly, one could say: you are going against God or God is with us; now one can say: I behave reasonably, adequately, and you do not behave in that way.[165] In 2007, Alexander Dugin, a professor at the Moscow State University and adviser to State Duma speaker Sergei Naryshkin, presented opponents of Vladimir Putin's policy as mentally ill by saying, "There are no longer opponents of Putin's policy, and if there are, they are mentally ill and should be sent to prophylactic health examination."[166] In The Moscow Regional Psychiatric Newspaper of 2012, psychiatrist Dilya Enikeyeva in violation of medical privacy and ethics publicized the diagnosis of histrionic personality disorder, which she in absentia gave Kseniya Sobchak, a Russian TV anchor and a member of political opposition, and stated that Sobchak was harmful to society.[167]

Robert van Voren noted that after the fall of the Berlin Wall, it became apparent that the political abuse of psychiatry in the USSR was only the tip of the iceberg, the sign that much more was basically wrong.[168] This much more realistic image of Soviet psychiatry showed up only after the Soviet regime began to loosen its grip on society and later lost control over the developments and in the end entirely disintegrated.[168] It demonstrated that the actual situation was much sorer and that many individuals had been affected.[168] Millions of individuals were treated and stigmatized by an outdated biologically oriented and hospital-based mental health service.[168] Living conditions in clinics were bad, sometimes even terrible, and violations of human rights were rampant.[168] According to the data of a census published in 1992, the mortality of the ill with schizophrenia exceeded that of the general population by 4–6 times for the age of 20–39 years, by 3–4 times for the age of 30–39 years, by 1.5–2 times for the age over 40 years (larger values are for women).[169]

According to Robert van Voren, although for several years, especially after the implosion of the USSR and during the first years of Boris Yeltsin's rule, the positions of the Soviet psychiatric leaders were in jeopardy, now one can firmly conclude that they succeeded in riding out the storm and retaining their powerful positions.[170] They also succeeded in avoiding an inflow of modern concepts of delivering mental health care and a fundamental change in the structure of psychiatric services in Russia.[170] On the whole, in Russia, the impact of mental health reformers has been the least.[170] Even the reform efforts made in such places as St. Petersburg, Tomsk, and Kaliningrad have faltered or were encapsulated as centrist policies under Putin brought them back under control.[170]

Throughout the post-communist period, the pharmaceutical industry has mainly been an obstacle to reform.[171] Aiming to explore the vast market of the former USSR, they used the situation to make professionals and services totally dependent on their financial sustenance, turned the major attention to

the availability of medicines rather than that of psycho-social rehabilitation services, and stimulated corruption within the mental health sector very much.[171]

At the turn of the century, the psychiatric reform that had been implemented by Franco Basaglia in Italy became known and was publicly declared to be implemented in Russia, with the view of retrenchment of expenditures.[172] But when it became clear that even more money was needed for the reform, it got bogged down in the same way the reform of the army and many other undertakings did.[172] Russia is decades behind the countries of the European Union in mental health reform, which has already been implemented or is being implemented in them.[173] Until Russian society, Gushansky says, is aware of the need for mental health reform, we will live in the atmosphere of animosity, mistrust and violence.[173] Many experts believe that problems spread beyond psychiatry to society as a whole.[174] As Robert van Voren supposes, the Russians want to have their compatriots with mental disorders locked up outside the city and do not want to have them in community.[174] Despite the 1992 Russian Mental Health Law, coercive psychiatry in Russia remains generally unregulated and fashioned by the same trends toward hyperdiagnosis and overreliance on institutional care characteristic of the Soviet period.[175] In the Soviet Union, there had been an increase of the bed numbers because psychiatric services had been used to treat dissidents.[176]

In 2005, the Russian Federation had one of the highest levels of psychiatric beds per capita in Europe at 113.2 per 100,000 population, or more than 161,000 beds.[177] In 2014, Russia has 104.8 beds per 100,000 population and no actions have been taken to arrange new facilities for outpatient services.[178] Persons who do not respond well to treatment at dispensaries can be sent to long-term social care institutions (internats) wherein they remain indefinitely.[177] The internats are managed by oblast Social Protection ministries.[177] Russia had 442 psychoneurologic internats by 1999, and their number amounted to 505 by 2013.[179] The internats provided places for approximately 125,000 people in 2007.[177] In 2013, Russian psychoneurologic internats accommodated 146,000 people, according to the consolidated data of the Department of Social Protection of Moscow and the Ministry of Labour and Social Protection of the Russian Federation.[179] It is supposed that the number of beds in internats is increasing at the same rate with which the number of beds is decreasing in psychiatric hospitals.[180] Lyubov Vinogradova of the Independent Psychiatric Association of Russia provides the different figure of 122,091 or 85.5 places in psychoneurologic institutions of social protection (internats) per 100,000 population in 2013 and says that Russia is high on Europe's list of the number of places in the institutions.[181] Vinogradova states that many regions have the catastrophic shortage of places in psychoneurological internats, her words point out to the need to increase the number of places there and to the fact that the Independent Psychiatric Association of Russia is forcing transinstitutionalization—relocating the mentally ill from their homes and psychiatric hospitals to psychoneurological internats.[181]

One of the buildings of the Pavlov Psychiatric Hospital in Kyiv

At his press conference in 2008, Semyon Gluzman said that the surplus in Ukraine of hospitals for inpatient treatment of the mentally ill was a relic of the totalitarian communist regime and that Ukraine did not have epidemic of schizophrenia but somehow Ukraine had about 90 large psychiatric hospitals including the Pavlov Hospital where beds in its children's unit alone were more than in the whole of Great Britain.[182] In Ukraine, public opinion did not contribute to the protection of citizens against possible recurrence of political abuse of psychiatry.[183] There were no demonstrations and rallies in support of the mental health law.[183] But there was a public campaign against developing the civilized law and against liberalizing the provision of psychiatric care in the country.[183] The campaign was initiated and conducted by relatives of psychiatric patients.[183] They wrote to newspapers, yelled in busy places and around them, behaved in the unbridled way in ministerial offices and corridors.[183] Once Gluzman saw through a trolleybus window a group of 20-30 people standing by a window of the Cabinet of Ministers of Ukraine with red flags, portraits of Lenin and Stalin and the slogan coarsely written on the white cardboard: "Get the Gluzman psychiatry off Ukraine!"[183] Activists of the dissident movement far from the nostalgia for the past also participated in the actions against changes in the mental health system.[183] But in general, it should be remembered that all these protest actions have been activated by nomenklatura psychiatrists.[183] The whole Ukrainian psychiatric system actually consists of the two units: hospital for treatment of acute psychiatric conditions and internat-hospice for helpless "chronic patients" unable to live on their own.[184] And between hospital and internat-hospice is desert.[184] That is why about 40 percent of patients in any Ukrainian psychiatric hospital are so-called social patients whose stay in the psychiatric hospital is not due to medical indications.[184] A similar pattern is in internats.[184] A significant part of their lifelong customers could have lived long enough in society despite their mental illnesses.[184] They could have lived quite comfortably and safely for themselves and others in special dorms, nursing homes, "halfway houses".[184] Ukraine does not have anything like that.[184]

A barrack of a concentration camp seen from outside is of a type of buildings in which Russian psychiatric hospitals have often been located

A barrack of a concentration camp seen from inside

In the Soviet times, mental hospitals were frequently created in former monasteries, barracks, and even concentration camps.[178] Sofia Dorinskaya, a human rights activist and psychiatrist, says she saw former convicts who have been living in a Russian mental hospital for ten years and will have been staying there until their dying day because of having no home.[185] Deinstitutionalization has not

touched many of the hospitals, and persons still die inside them.[178] In 2013, 70 persons died in a fire just outside Novgorod and Moscow.[178] Living conditions are often insufficient and sometimes horrible: 12 to 15 patients in a big room with bars on the windows, no bedside tables, often no partitions, not enough toilets.[178] The number of outpatient clinics designed for the primary care of the mentally disordered stopped increasing in 2005 and was reduced to 277 in 2012 as against 318 in 2005.[178] Stigma linked to mental disease is at the level of xenophobia.[178] The Russian public perceive the mentally sick as harmful, useless, incurable, and dangerous.[178] The social stigma is maintained not only by the general public but also by psychiatrists.[178]

Traditional values have endured the attempt by western institutions to impose a positive image of deviant behavior.[178] For instance, in spite of the removal of homosexuality from the nomenclature of mental disorders, 62.5% of 450 surveyed psychiatrists in the Rostov Region view it as an illness, and up to three-quarters view it as immoral behavior.[178] The psychiatrists sustain the ban on gay parades and the use of veiled schemes to lay off openly lesbian and gay persons from schools, child care centers, and other public institutions.[178] The chief psychiatrist of Russia Zurab Kekelidze in his 2013 interview to Dozhd says that a part of the cases of homosexuality is a mental disorder, he counters the remark that the World Health Organization removed homosexuality from the list of mental disorders by stating that it is not true.[186] Homosexuality was continuously defined as a mental disorder by the Independent Psychiatric Association of Russia in 2005 when its president Savenko expressed their joint surprise at the proposal by the Executive Committee of the American Psychiatric Association to exclude homosexuality as a mental disorder from manuals on psychiatry due to political pressure from western NGOs and governments, referred the proposal to antipsychiatric actions, and stated that ideological, social and liberal reasoning for the proposal was substituted for scientific one.[187] In 2014, Savenko changed his mind about homosexuality, and he along with Alexei Perekhov succumb to pressure and, in their joint paper criticized and referred the trend to consider homosexuality as a mental disorder to Soviet mentality.[178]

In 1994, there was organized a conference concerned with the theme of political abuse of psychiatry and attended by representatives from different former Soviet Republics — from Russia, Belarus, the Baltics, the Caucasus, and some of the Central Asian Republics.[188] Dainius Puras made a report on the situation within the Lithuanian Psychiatric Association, where discussion had been held but no resolution had been passed.[188] Yuri Nuller talked over how in Russia the wind direction was gradually changing and the systematic political abuse of psychiatry was again being denied and degraded as an issue of "hyperdiagnosis" or "scientific disagreement."[188] It was particularly noteworthy that Tatyana Dmitrieva, the then Director of the Serbsky Institute, was a proponent of such belittlement.[188] This was not so queer, because she was a close friend of the key architects of "political psychiatry."[188]

In the early 1990s, she spoke the required words of repentance for political abuse of psychiatry[189] which had had unprecedented dimensions in the Soviet Union for discrediting, intimidation and suppression of the human rights movement carried out primarily in this institution.[190] Her words were widely broadcast abroad but were published only in the St. Petersburg newspaper Chas Pik within the country.[191] However, in her 2001 book Aliyans Prava i Milosediya (The Alliance of Law and Mercy), Dmitrieva wrote that there were no psychiatric abuses and certainly no more than in Western countries.[190] Moreover, the book makes the charge that professor Vladimir Serbsky and other intellectuals were wrong not to cooperate with the police department in preventing revolution and bloodsheds and that the current generation is wrong to oppose the regime.[192] In 2007, Dmitrieva asserted that the practice of "punitive psychiatry" had been grossly exaggerated, while nothing wrong had been done by the Serbsky Institute.[193] After that an official at the Serbsky Institute declared "patient" Vladimir Bukovsky, who was then going to run for the President of the Russian Federation, undoubtedly "psychopathic".[193]

While speaking of the Serbsky Center, Yuri Savenko alleges that "practically nothing has changed. They have no shame at the institute about their role with the Communists. They are the same people, and they do not want to apologize for all their actions in the past." Attorney Karen Nersisyan agrees: "Serbsky is not an organ of medicine. It's an organ of power."[194] According to human rights activist and former psychiatrist Sofia Dorinskaya, the system of Soviet psychiatry has not been destroyed, the Serbsky Institute is standing where it did, the same people who worked in the Soviet system are working there.[195] She says we have a situation like after the defeat of fascism in Germany, when fascism officially collapsed, but all governors of acres, judges and all people remained after the fascist regime.[195]

In his article of 2002, Alan A. Stone, who as a member of team had examined Pyotr Grigorenko and found him mentally healthy in 1979,[196] disregarded the findings of the World Psychiatric Association and the later avowal of Soviet psychiatrists themselves and put forward the academically revisionist theory that there was no political abuse of psychiatry as a tool against pacific dissidence in the former USSR.[197] He asserted that it was time for psychiatry in the Western countries to reconsider the supposedly documented accounts of political abuse of psychiatry in the USSR in the hope of discovering that Soviet psychiatrists were more deserving of sympathy than condemnation.[62] In Stone's words, he believes that Snezhnevsky was wrongly condemned by critics.[62] According to Stone, one of the first points the Soviet psychiatrists who have been condemned for unethical political abuse of psychiatry make is that the revolution is the greatest good for the greatest number, the greatest piece of social justice, and the greatest beneficence imaginable in the twentieth century.[198] In the Western view, the ethical compass of the Soviet psychiatrists begins to wander when they act in the service of this greatest beneficence.[198]

According to St Petersburg psychiatrist Vladimir Pshizov, a disastrous factor for domestic psychiatry is that those who had committed the crime against humanity were allowed to stay on their positions until they can leave this world in a natural way.[199] Those who retained their positions and influence turned domestic psychiatry from politically motivated one to criminally motivated one because the sphere of interests of this public has been reduced to making a business of psychopharmacologic drugs and taking possession of the homes of the ill.[199] In Soviet times, all the heads of departments of psychiatry, all the directors of psychiatric research institutes, all the head doctors of psychiatric hospitals were the CPSU nomenklatura, which they remained so far.[199] The representative of nomenklatura in psychiatry had the scheme of career that is simple and often stereotyped: for one to two years, he run errands as a resident, then joined the party and became a partgrouporg.[200][199] His junior colleagues (usually non-partisan ones) collected and processed material for his dissertation.[199] Its review of literature, particularly in a research institute for psychiatry, was often written by patients, because only they knew foreign languages, and their party comrades were not up to it, the natural habitat did not stimulate learning a foreign language.[199]

Robert van Voren also says Russian psychiatry is now being headed by the same psychiatrists who was heading psychiatry in Soviet times.[201] Since then Russian psychiatric system has not almost changed.[201] In reality, we still see a sort of the Soviet psychiatry that was in the late 1980s.[201] Russian psychiatrists do not have access to specialized literature published in other countries and do not understand what is world psychiatry.[201] Staff training has not changed, literature is inaccessible, the same psychiatrists teach new generations of specialists.[201] Those of them who know what is world psychiatry and know it is not the same as what is happening in Russia are silent and afraid.[201] The powerful core of the old nomenklatura in psychiatry was concentrated in Moscow, and it was clear that the struggle inside their fortress would be not only difficult, but also it would be a waste of time, energy and resources, so the Global Initiative on Psychiatry has been avoiding Moscow almost completely for all the years.[202] Instead, the Global Initiative on Psychiatry took active part in projects for reforming the mental health service in Ukraine, donated a printing plant to Ukrainian public, organized a publishing house, helped print a huge amount of medical and legal literature distributed for free, but the Ukrainian tax police accused the publishing house of manufacturing counterfeit dollars, and a significant part of humanitarian aid that the Global Initiative on Psychiatry had gathered in the Netherlands for Ukrainian psychiatric hospitals was stolen in Kyiv.[202]

Many of the current leaders of Russian psychiatry, especially those who were related to the establishment in Soviet period, have resiled from their avowal read at the 1989 General Assembly of the WPA that Soviet psychiatry had been systematically abused for political purposes.[203] Among such leaders who did so is Aleksandr Tiganov, a pupil of Snezhnevsky, full member of the Russian Academy of Medical Sciences, the director of its Mental Health Research Center, and the chief psychiatrist of the Ministry of Health of the Russian Federation. In 2011, when asked whether ill or healthy were those examined because of their disagreements with authority, Tiganov answered, "These people suffered

from sluggish schizophrenia and were on the psychiatric registry."[204] According to Tiganov, it was rumored that Snezhnevsky took pity on dissenters and gave them a diagnosis required for placing in a special hospital to save them from a prison, but it is not true, he honestly did his medical duty.[204] The same ideas are voiced in the 2014 interview by Anatoly Smulevich, a pupil of Snezhnevsky, full member of the Russian Academy of Medical Sciences; he says what was attributed to Snesnevsky was that he recognized the healthy as the ill, it did not happen and is pure slander, it is completely ruled out for him to give a diagnosis to a healthy person.[205]

In 2007, Mikhail Vinogradov, one of the leading staff members of the Serbsky Center, strongly degraded the human rights movement of the Soviet era in every possible way and tried to convince that all political dissidents who had been to his institution were indeed mentally ill.[206] In his opinion, "now it is clear that all of them are deeply affected people."[206] In 2012, Vinogradov said the same, "Do you talk about human rights activists? Most of them are just unhealthy people, I talked with them. As for the dissident General Grigorenko, I too saw him, kept him under observation, and noted oddities of his thinking. But he was eventually allowed to go abroad, as you know... Who? Bukovsky? I talked with him, and he is a completely crazy character. But he too was allowed to go abroad! You see, human rights activists are people who, due to their mental pathology, are unable to restrain themselves within the standards of society, and the West encourages their inability to do so."[207] In the same year, he offered to restore Soviet mental health law and said it "has never been used for political persecution." Human rights activists who claim it did, in Vinogradov's words, "are not very mentally healthy."[208]

Russian psychiatrist Fedor Kondratev not only denied accusations that he was ever personally engaged in Soviet abuses of psychiatry; he stated publicly that the very conception of the existence of Soviet-era "punitive psychiatry" was nothing more than: "the fantasy [vymysel] of the very same people who are now defending totalitarian sects. This is slander, which was [previously] used for anti-Soviet ends, but is now being used for anti-Russian ends."[209] He says that there were attempts to use of psychiatry for political purposes but there was no mass psychiatric terror, he calls allegations about the terror a propagandistic weapon of activists of the Cold War.[3] As Alexander Podrabinek writes, psychiatrists of punitive conscription and namely Kondratev are relatively indifferent to the public's indignation over illegal use of psychiatry both in Soviet times and now, they do not notice this public, allowing themselves to ignore any unprofessional opinion.[210] In response to the article by Podrabinek, Kondratev instituted a suit against Podrabinek under Russian Civil Code Article 152 on protecting one's honor, dignity and business reputation.[211] According to Valery Krasnov and Isaak Gurovich, official representatives of psychiatry involved in its political abuse never acknowledged the groundlessness of their diagnostics and actions.[212] The absence of the acknowledgement and the absence of an analysis of made errors cast a shadow upon all psychiatrists in the USSR and, especially, in Russia.[212] As Russian-American historian Georgi Chernyavsky writes, after the fall of the communist regime, no matter how some psychiatrists lean over backwards, foaming at the mouth to this day when stating that they were slandered, that they did not give dissidents diagnoses-sentences, or that, at least, these cases

were isolated and not at all related to their personal activities, no matter how the doctors, if one may call them so, try to rebut hundreds if not thousands of real facts, it is undoable.[213]

In 2004, Savenko stated that the passed law on the state expert activity and the introduction of the profession of forensic expert psychiatrist actually destroyed adversary-based examinations and that the Serbsky Center turned into the complete monopolist of forensic examination, which it had never been under Soviet rule.[214] Formerly, the court could include any psychiatrist in a commission of experts, but now the court only chooses an expert institution.[214] The expert has the right to participate only in commissions that he is included in by the head of his expert institution, and can receive the certificate of qualification as an expert only after having worked in a state expert institution for three years.[214] The Director of the Serbsky Center Dmitrieva was, at the same time, the head of the forensic psychiatry department which is the only one in the country and is located in her Center.[214] No one had ever had such a monopoly.[214]

According to Savenko, the Serbsky Center has long labored to legalize its monopolistic position of the main expert institution of the country.[215] The ambition and permissiveness—which, due to proximity to power, allow the Serbsky Center to get in touch over the telephone with the judges and explain to them who is who and what is the guideline, although the judges themselves have already learned it—have turned out to be a considerable drop in the level of the expert reports on many positions.[215] Such a drop was inevitable and foreseeable in the context of the Serbsky Center efforts to eliminate adversary character of the expert reports of the parties, then to maximally degrade the role of the specialist as a reviewer and critic of the presented expert report, and to legalize the state of affairs.[215] Lyubov Vinogradova believes there has been a continuous diminution in patients' rights as independent experts are now excluded from processes, cannot speak in court and can do nothing against the State experts.[174]

On 28 May 2009, Yuri Savenko wrote to the then President of the Russian Federation Dmitry Medvedev an open letter, in which Savenko asked Medvedev to submit to the State Duma a draft law prepared by the Independent Psychiatric Association of Russia to address the sharp drop in the level of forensic psychiatric examinations, which Savenko attributed to the lack of competition within the sector and its increasing nationalization.[216] The open letter says that the level of the expert reports has dropped to such an extent that it is often a matter of not only the absence of entire sections of the report, even such as the substantiation of its findings, and not only the gross contradiction of its findings to the descriptive section of the report, but it is often a matter of concrete statements which are so contrary to generally accepted scientific terms that doubts about the disinterestedness of the experts arise.[216] According to the letter, courts, in violation of procedural rules, do not analyze the expert report, its coherence and consistency in all its parts, do not check experts' findings for their accuracy, completeness, and objectivity.[216]

On 15 June 2009, the working group chaired by the Director of the Serbsky Center Tatyana Dmitrieva sent the Supreme Court of the Russian Federation a joint application whose purport was to declare appealing against the forensic expert reports of state expert institutions illegal and prohibit courts from receiving lawsuits filed to appeal against the reports.[215] The reason put forward for the proposal was that the appeals against the expert reports were allegedly filed "without regard for the scope of the case" and that one must appeal against the expert report "only together with the sentence."[215] In other words, according to Yuri Savenko, all professional errors and omissions are presented as untouchable by virtue of the fact that they were infiltrated into the sentence.[215] That is cynicism of administrative resources, cynicism of power, he says.[215]

The draft of the application to the Supreme Court of the Russian Federation was considered in the paper "Current legal issues relevant to forensic-psychiatric expert evaluation" by Yelena Shchukina and Sergey Shishkov[217] focusing on the inadmissibility of appealing against the expert report without regard for the scope of the evaluated case.[215] While talking about appealing against "the reports", the authors of the paper, according to lawyer Dmitry Bartenev, mistakenly identify the reports with actions of the experts (or an expert institution) and justify the impossibility of the "parallel" examination and evaluation of the actions of the experts without regard for the scope of the evaluated case.[215] Such a conclusion made by the authors appears clearly erroneous because abuse by the experts of rights and legitimate interests of citizens including trial participants, of course, may be a subject for a separate appeal.[215]

According to the warning made in 2010 by Yuri Savenko at the same Congress, prof. Anatoly Smulevich, author of the monographs Problema Paranoyi (The Problem of Paranoia) (1972) and Maloprogredientnaya Shizofreniya (Continuous Sluggish Schizophrenia) (1987), which had contributed to the hyperdiagnosis of "sluggish schizophrenia", again began to play the same role he played before.[172] Recently, under his influence therapists began to widely use antidepressants and antipsychotics but often in inadequate cases and in inappropriate doses, without consulting psychiatrists.[218] This situation has opened up a huge new market for pharmaceutical firms, with their unlimited capabilities, and the flow of the mentally ill to internists.[172] Smulevich bases the diagnosis of continuous sluggish schizophrenia, in particular, on appearance and lifestyle and stresses that the forefront in the picture of negative changes is given to the contrast between retaining mental activity (and sometimes quite high capacity for work) and mannerism, unusualness of one's appearance and entire lifestyle.[219]

According to the commentary by the Independent Psychiatric Association of Russia on the 2007 text by Vladimir Rotstein, a doctrinist of Snezhnevsky's school, there are sufficient patients with delusion of

reformism in psychiatric inpatient facilities for involuntary treatment.[112] In 2012, delusion of reformism was mentioned as a symptom of mental disorder in Psychiatry. National Manual edited by Tatyana Dmitrieva, Valery Krasnov, Nikolai Neznanov, Valentin Semke, and Alexander Tiganov.[220] In the same year, Vladimir Pashkovsky in his paper reported that he diagnosed 4.7 percent of 300 patients with delusion of reform.[221] As Russian sociologist Alexander Tarasov notes, you will be treated in a hospital so that you and all your acquaintances get to learn forever that only such people as Anatoly Chubais or German Gref can be occupied with reforming in our country; and you are suffering from "syndrome of litigiousness" if in addition you wrote to the capital city complaints, which can be written only by a reviewing authority or lawyer.[222]

According to Doctor of Legal Sciences Vladimir Ovchinsky, regional differences in forensic psychiatric expert reports are striking.[223] For example, in some regions of Russia, 8 or 9 percent of all examinees are pronounced sane; in other regions up to 75 percent of all examinees are pronounced sane.[223] In some regions less than 2 percent of examinees are declared schizophrenics; in other regions up to 80 percent of examinees are declared schizophrenics.[223]

In April 1995, the State Duma considered the first draft of a law that would have established a State Medical Commission with a psychiatrist to certify the competence of the President, the Prime Minister, and high federal political officials to fulfill the responsibilities of their positions.[224] In 2002, Ukrainian psychiatrist Ada Korotenko stated that today the question was raised about the use of psychiatry to settle political accounts and establish psychiatric control over people competing for power in the country.[225] Obviously, one will find supporters of the feasibility of such a filter, she said, though is it worthwhile to substitute experts' medical reports for elections?[225] In 2003, the suggestion of using psychiatry to prevent and dismiss officials from their positions was supported by Alexander Podrabinek, author of the book Punitive Medicine,[226] a 265-page monograph covering political abuses of psychiatry in the Soviet Union.[227] He suggested that people who seek high positions or run for the legislature should bring from the psychiatric dispensary a reference that they are not on the psychiatric registry and should be subjected to psychiatric examination in the event of inappropriate behavior.[228] Concerned about the problem, authorities ruled that the Russian Mental Health Law should not be applied to senior officials and the judiciary on the ground that they are vested with parliamentary or judicial immunity.[229] A psychiatrist who violates this rule can be deprived of his diploma and sentenced to imprisonment.[230] In 2011, Russian psychiatrists again tried to promote the idea that one's marked aspiration in itself for power can be referred to psychopathic symptoms and that there are statistics about 60 percent of current leaders of states suffering from various forms of mental abnormalities.[231]

Documents and memoirs

The evidence for the misuse of psychiatry for political purposes in the Soviet Union was documented in a number of articles and books.[232] Several national psychiatric associations examined and acted upon this documentation.[232]

The widely known sources including published and written memoirs by victims of psychiatric arbitrariness convey moral and physical sufferings experienced by the victims in special psychiatric hospitals of the USSR.[233]

Samizdat documentation

In August 1969, Natalya Gorbanevskaya completed Noon ("Полдень"), her book about the case of the 25 August 1968 Demonstration on Red Square[234] and began circulating it in samizdat.[235] It was translated into English and published under the title Red Square at Noon.[236] Parts of the book describe Special Psychiatric Hospitals and psychiatric examinations of dissidents. The book includes "On Special Psychiatric Hospitals", an article written by Pyotr Grigorenko in 1968.[237][238]

In 1971, twin brothers Zhores Medvedev and Roy Medvedev published in London their joint account of Zhores' incarceration in a psychiatric hospital and the Soviet practice of diagnosing political oppositionists as the mentally ill in London, in both English A Question of Madness: Repression by Psychiatry in the Soviet Union and Russian (Who is Mad? "Кто сумасшедший") editions.[239]

Yury Maltsev's Report from a Madhouse, his memoirs in Russian ("Репортаж из сумасшедшего дома"), were issued by the New York-based Novy zhurnal publishing house in 1974.[240]

1975 saw the article "My Five Years in Mental Hospitals" by Viktor Fainberg, who had emigrated to France the previous year after four years in the Leningrad Special Psychiatric Hospital.[241]

In 1976, Viktor Nekipelov published in samizdat his book Institute of Fools: Notes on the Serbsky Institute[242] documenting his personal experiences during two months' examination at the Serbsky Institute in Moscow.[243] In 1980, the book was translated and published in English.[244] The book was first published in Russia in 2005.[245]

Professional associations and Human Rights groups

Various documents and reports were published in the Information Bulletin of the Working Commission on the Abuse of Psychiatry For Political Purposes, and circulated in the samizdat periodical Chronicle of Current Events.[246] Other sources were documents by the Moscow Helsinki Group and in books by Alexander Podrabinek (Punitive Medicine, 1979)[247] Anatoly Prokopenko (Mad Psychiatry, 1997, "Безумная психитрия") by[248] and Vladimir Bukovsky (Judgment in Moscow, 1994).[249] To these may be added Soviet psychiatry – fallacies and fantasy by Ada Korotenko and Natalia Alikina ("Советская психиатрия. Заблуждения и умысел")[250] and Executed by Madness, 1971 ("Казнимые сумасшествием").[251]

In 1972, 1975, 1976, 1984, and 1988 the United States Government Printing Office published documents on political abuse of psychiatry in the Soviet Union .[252]

From 1987 to 1991, the International Association on the Political Use of Psychiatry (IAPUP) published forty-two volumes of Documents on the Political Abuse of Psychiatry in the USSR.[253] Today these are preserved by the Columbia University Libraries in the archival collection entitled Human Rights Watch Records: Helsinki Watch, 1952–2003, Series VII: Chris Panico Files, 1979–1992, USSR, Psychiatry, International Association on the Political Use of Psychiatry, Box 16, Folder 5–8 (English version) and Box 16, Folder 9–11 (Russian version).[254]

In 1992, the British Medical Association published certain some documents on the subject in Medicine Betrayed: The Participation of Doctors in Human Rights Abuses.[255]

Memoirs

In 1978, the book I Vozvrashchaetsa Veter... (And the Wind Returns...) by Vladimir Bukovsky, describing the dissident movement, their struggle or freedom, practices of dealing with dissenters, and dozen years spent by Bukovsky in Soviet labor camps, prisons and psychiatric hospitals, was published[256] and later translated into English under the title To Build a Castle: My Life as a Dissenter.[257]

In 1979, Leonid Plyushch published his book Na Karnavale Istorii (At History's Carnival) in which he described how he and other dissidents were committed to psychiatric hospitals.[258] The same year, the book was translated into English under the title History's Carnival: A Dissident's Autobiography.[259]

In 1980, the book by Yuri Belov Razmyshlenia ne tolko o Sychovke: Roslavl 1978 (Reflections not only on Sychovka: Roslavl 1978) was published.[260]

In 1981, Pyotr Grigorenko published his memoirs V Podpolye Mozhno Vstretit Tolko Krys (In Underground One Can Meet Only Rats), which included the story of his psychiatric examinations and hospitalizations.[261] In 1982, the book was translated into English under the title Memoirs.[262]

In 1982, Soviet philosopher Pyotr Abovin-Yegides published his article "Paralogizmy politseyskoy psikhiatrii i ikh sootnoshenie s meditsinskoy etikoy (Paralogisms of police psychiatry and their relation to medical ethics)."[263]

In 1983, Evgeny Nikolaev's book Predavshie Gippokrata (Betrayers of Hippocrates), when translated from Russian into German under the title Gehirnwäsche in Moskau (Brainwashing in Moscow), first came out in München and told about psychiatric detention of its author for political reasons.[264] In 1984, the book under its original title was first published in Russian which the book had originally been written in.[265]

In 1983, Yuri Vetokhin published his memoirs Sklonen k Pobegu[266] translated into English under the title Inclined to Escape in 1986.[267]

In 1987, Robert van Voren published his book Koryagin: A man Struggling for Human Dignity telling about psychiatrist Anatoly Koryagin who resisted political abuse of psychiatry in the Soviet Union.[268]

In 1988, Reportazh iz Niotkuda (Reportage from Nowhere) by Viktor Rafalsky was published.[269] In the publication, he described his confinement in Soviet psychiatric hospitals.[270]

In 1993, Valeriya Novodvorskaya published her collection of writings Po Tu Storonu Otchayaniya (Beyond Despair) in which her experience in the prison psychiatric hospital in Kazan was described.[271]

In 1996, Vladimir Bukovsky published his book Moskovsky Protsess (Moscow trial) containing an account of developing the punitive psychiatry based on documents that were being submitted to and considered

by the Politburo of the Central Committee of the Communist Party of the Soviet Union.[272] The book was translated into English in 1998 under the title Reckoning With Moscow: A Nuremberg Trial for Soviet Agents and Western Fellow Travelers.[273]

In 2001, Nikolay Kupriyanov published his book GULAG-2-SN[274] which has a foreword by Anatoly Sobchak, covers repressive psychiatry in Soviet Army, and tells about humiliations Kupriyanov underwent in the psychiatric departments of the Northern Fleet hospital and the Kirov Military Medical Academy.[275]

In 2002, St. Petersburg forensic psychiatrist Vladimir Pshizov published his book Sindrom Zamknutogo Prostranstva (Syndrome of Closed Space) describing the hospitalization of Viktor Fainberg.[276]

In 2003, the book Moya Sudba i Moya Borba protiv Psikhiatrov (My Destiny and My Struggle against Psychiatrists) was published by Anatoly Serov, who worked as a lead design engineer before he was committed to a psychiatric hospital.[277]

In 2010, Alexander Shatravka published his book Pobeg iz Raya (Escape from Paradise) in which he described how he and his companions were caught after they illegally crossed the border between Finland and the Soviet Union to escape from the latter country and, as a result, were confined to Soviet psychiatric hospitals and prisons.[278] In his book, he also described methods of brutal treatment of prisoners in the institutions.[278]

In 2012, Soviet dissident and believer Vladimir Khailo's wife published her book Subjected to Intense Persecution.[279]

2014 saw the book Zha Zholtoy Stenoy (Behind the Yellow Wall) by Alexander Avgust, a former inmate of Soviet psychiatric hospitals who in his book describes the wider circle of their inhabitants than literature on the issue usually does.[280]

Literary works

In 1965, Valery Tarsis published in the West his book Ward 7: An Autobiographical Novel[281] based upon his own experiences in 1963–1964 when he was detained in the Moscow Kashchenko psychiatric

hospital for political reasons.[282] The book was the first literary work to deal with the Soviet authorities' abuse of psychiatry.[283]

In 1968, the Russian poet Joseph Brodsky wrote Gorbunov and Gorchakov, a forty-page long poem in thirteen cantos consisting of lengthy conversations between two patients in a Soviet psychiatric prison as well as between each of them separately and the interrogating psychiatrists.[284] The topics vary from the taste of the cabbage served for supper to the meaning of life and Russia's destiny.[284] The poem was translated into English by Harry Thomas.[284] The experience underlying Gorbunov and Gorchakov was formed by two stints of Brodsky at psychiatric establishments.[285]

In 1977, British playwright Tom Stoppard wrote the play Every Good Boy Deserves Favour that criticized the Soviet practice of treating political dissidence as a form of mental illness.[286] The play is dedicated to Viktor Fainberg and Vladimir Bukovsky, two Soviet dissidents expelled to the West.[287]

In the 1983 novel Firefox Down by Craig Thomas, captured American pilot Mitchell Gant is imprisoned in a KGB psychiatric clinic "associated with the Serbsky Institute", where he is drugged and interrogated to force him to reveal the location of the Firefox aircraft, which he has stolen and flown out of Russia.[288]

Documentaries

The use of psychiatry for political purposes in the USSR was discussed in several television documentaries:

They Chose Freedom, produced by Vladimir V. Kara-Murza in 2005[289]

Prison Psychiatry, produced by Anatoly Yaroshevsky of NTV in 2005[290]

Parallels, Events, People (an episode Punitive Psychiatry) produced by Natella Boltyanskaya for the Voice of America in 2014[291]

Psychiatric Practices in the Soviet Union (TV interview), produced by C-SPAN on 17 July 1989 with the participation of William Farrand, Peter Reddaway, Darrel Regier, who were members of the US delegation during its visit to Soviet psychiatric facilities in February 1989.[292]

See also

Struggle against political abuse of psychiatry in the Soviet Union

The Protest Psychosis: How Schizophrenia Became a Black Disease

Political abuse of psychiatry in the United States

Civil commitment

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Millon's description

Psychologist Theodore Millon, who has written numerous popular works on personality, proposed the following description of personality disorders:

Millon's brief description of personality disorders[22]:4 Type of personality disorder Description

Paranoid Guarded, defensive, distrustful and suspicious. Hypervigilant to the motives of others to undermine or do harm. Always seeking confirmatory evidence of hidden schemes. Feel righteous, but persecuted. Experience a pattern of pervasive distrust and suspicion of others that lasts a long time. They are generally difficult to work with and are very hard to form relationships with. They are also known to be somewhat short-tempered.[24][unreliable medical source?]

Schizoid Apathetic, indifferent, remote, solitary, distant, humorless, contempt, odd fantasies. Neither desire nor need human attachments. Withdrawn from relationships and prefer to be alone. Little interest in others, often seen as a loner. Minimal awareness of the feelings of themselves or others. Few drives or ambitions, if any. Is an uncommon condition in which people avoid social activities and consistently shy away from interaction with others. It affects more males than females. To others, they may appear somewhat dull or humorless. Because they don't tend to show emotion, they may appear as though they don't care about what's going on around them.[25]

Schizotypal Eccentric, self-estranged, bizarre, absent. Exhibit peculiar mannerisms and behaviors. Think they can read thoughts of others. Preoccupied with odd daydreams and beliefs. Blur line between reality and fantasy. Magical thinking and strange beliefs. People with schizotypal personality disorder are often described as odd or eccentric and usually have few, if any, close relationships. They think others think negatively of them.[26]

Antisocial Impulsive, irresponsible, deviant, unruly. Act without due consideration. Meet social obligations only when self-serving. Disrespect societal customs, rules, and standards. See themselves as free and independent. People with antisocial personality disorder depict a long pattern of disregard for other people's rights. They often cross the line and violate these rights.[27]

Borderline Unpredictable, egocentric, emotionally unstable. Frantically fears abandonment and isolation. Experience rapidly fluctuating moods. Shift rapidly between loving and hating. See themselves and others alternatively as all-good and all-bad. Unstable and frequently changing moods. People with borderline personality disorder have a pervasive pattern of instability in interpersonal relationships.[28][unreliable medical source?]

Histrionic Hysteria, dramatic, seductive, shallow, egocentric, attention-seeking, vain. Overreact to minor events. Exhibitionistic as a means of securing attention and favors. See themselves as attractive and charming. Constantly seeking others' attention. Disorder is characterized by constant attention-seeking, emotional overreaction, and suggestibility. Their tendency to over-dramatize may impair

relationships and lead to depression, but they are often high-functioning.[29][unreliable medical source?]

Narcissistic Egotistical, arrogant, grandiose, insouciant. Preoccupied with fantasies of success, beauty, or achievement. See themselves as admirable and superior, and therefore entitled to special treatment. Is a mental disorder in which people have an inflated sense of their own importance and a deep need for admiration. Those with narcissistic personality disorder believe that they're superior to others and have little regard for other people's feelings.

Avoidant Hesitant, self-conscious, embarrassed, anxious. Tense in social situations due to fear of rejection. Plagued by constant performance anxiety. See themselves as inept, inferior, or unappealing. They experience long-standing feelings of inadequacy and are very sensitive of what others think about them.[30][unreliable medical source?]

Dependent Helpless, incompetent, submissive, immature. Withdrawn from adult responsibilities. See themselves as weak or fragile. Seek constant reassurance from stronger figures. They have the need to be taken care of by a person. They fear being abandoned or separated from important people in their life.[31][unreliable medical source?]

Obsessive–compulsive Restrained, conscientious, respectful, rigid. Maintain a rule-bound lifestyle. Adhere closely to social conventions. See the world in terms of regulations and hierarchies. See themselves as devoted, reliable, efficient, and productive.

Depressive Somber, discouraged, pessimistic, brooding, fatalistic. Present themselves as vulnerable and abandoned. Feel valueless, guilty, and impotent. Judge themselves as worthy only of criticism and contempt. Hopeless, suicidal, restless. This disorder can lead to aggressive acts and hallucinations.[32][unreliable medical source?]

Passive–aggressive (Negativistic) Resentful, contrary, skeptical, discontented. Resist fulfilling others' expectations. Deliberately inefficient. Vent anger indirectly by undermining others' goals. Alternately moody and irritable, then sullen and withdrawn. Withhold emotions. Will not communicate when there is something problematic to discuss.[33][unreliable medical source?]

Sadistic Explosively hostile, abrasive, cruel, dogmatic. Liable to sudden outbursts of rage. Gain satisfaction through dominating, intimidating and humiliating others. They are opinionated and close-minded. Enjoy performing brutal acts on others. Find pleasure in abusing others. Would likely engage in a sadomasochist relationship, but will not play the role of a masochist.[34][unreliable medical source?]

Self-defeating (Masochistic) Deferential, pleasure-phobic, servile, blameful, self-effacing. Encourage others to take advantage of them. Deliberately defeat own achievements. Seek condemning or mistreatful partners. They are suspicious of people who treat them well. Would likely engage in a sadomasochist relationship.[34][unreliable medical source?]

DSM-5: The Ten Personality Disorders: Cluster B

- Antisocial Personality Disorder
- Histrionic Personality Disorder
- Narcissistic Personality Disorder
- Borderline Personality Disorder

Cluster B is called the dramatic, emotional, and erratic cluster. It includes:

- Borderline Personality Disorder.
- Narcissistic Personality Disorder.
- Histrionic Personality Disorder.
- Antisocial Personality Disorder.

Disorders in this cluster share problems with impulse control and emotional regulation.

Antisocial Personality Disorder

The Antisocial Personality Disorder* is characterized by a pervasive pattern of disregard for the rights of other people that often manifests as hostility and/or aggression. Deceit and manipulation are also central features.

In many cases hostile-aggressive and deceitful behaviors may first appear during childhood.

These children may hurt or torment animals or people.

They may engage in hostile acts such as bullying or intimidating others.

They may have a reckless disregard for property such as setting fires.

They often engage in deceit, theft, and other serious violations of standard rules of conduct.

When this is the case, Conduct Disorder (a juvenile form of Antisocial Personality Disorder) may be an appropriate diagnosis.

Conduct Disorder is often considered the precursor to an Antisocial Personality Disorder.

shutterstock_257695930In addition to reckless disregard for others, they often place themselves in dangerous or risky situations.

They frequently act on impulsive urges without considering the consequences. This difficulty with impulse control results in loss of employment, accidents, legal difficulties, and incarceration.

Persons with Antisocial Personality Disorder typically do not experience genuine remorse for the harm they cause others. However, they can become quite adept at feigning remorse when it is in their best interest to do so (such as when standing before a judge).

They take little to no responsibility for their actions. In fact, they will often blame their victims for "causing" their wrong actions, or deserving of their fate. The aggressive features of this personality disorder make it stand out among other personality disorders as individuals with this disorder take a unique toll on society.

Histrionic Personality Disorder

Persons with Histrionic Personality Disorder* are characterized by a pattern of excessive emotionality and attention seeking. Their lives are full of drama (so-called "drama queens"). They are uncomfortable in situations where they are not the center of attention.

shutterstock_130102298People with this disorder are often quite flirtatious or seductive, and like to dress in a manner that draws attention to them.

They can be flamboyant and theatrical, exhibiting an exaggerated degree of emotional expression.

Yet simultaneously, their emotional expression is vague, shallow, and lacking in detail. This gives them the appearance of being disingenuous and insincere.

Moreover, the drama and exaggerated emotional expression often embarrasses friends and acquaintances as they may embrace even casual acquaintances with excessive ardor, or may sob uncontrollably over some minor sentimentality.

People with Histrionic Personality Disorder can appear flighty and fickle. Their behavioral style often gets in the way of truly intimate relationships, but it is also the case that they are uncomfortable being alone.

They tend to feel depressed when they are not the center of attention. When they are in relationships, they often imagine relationships to be more intimate in nature than they actually are.

People with Histrionic Personality Disorder tend to be suggestible; that is, they are easily influenced by other people's suggestions and opinions. A literary character that exemplifies the Histrionic Personality Disorder is the character of Blanche DuBois in Tennessee William's classic play, "Streetcar Named Desire."

Narcissistic Personality Disorder

People with Narcissistic Personality Disorder* have significant problems with their sense of self-worth stemming from a powerful sense of entitlement. This leads them to believe they deserve special treatment, and to assume they have special powers, are uniquely talented, or that they are especially brilliant or attractive. Their sense of entitlement can lead them to act in ways that fundamentally disregard and disrespect the worth of those around them.Friend intervention

People with Narcissistic Personality Disorder are preoccupied with fantasies of unlimited success and power, so much so that they might end up getting lost in their daydreams while they

fantasize about their superior intelligence or stunning beauty.

These people can get so caught up in their fantasies that they don't put any effort into their daily life and don't direct their energies toward accomplishing their goals.

They may believe that they are special and deserve special treatment, and may display an attitude that is arrogant and haughty.

This can create a lot of conflict with other people who feel exploited and who dislike being treated in a condescending fashion.

People with Narcissistic Personality Disorder often feel devastated when they realize that they have normal, average human limitations; that they are not as special as they think, or that others don't admire them as much as they would like.

These realizations are often accompanied by feelings of intense anger or shame that they sometimes take out on other people.

Their need to be powerful, and admired, coupled with a lack of empathy for others, makes for conflictual relationships that are often superficial and devoid of real intimacy and caring.

Status is very important to people with Narcissistic Personality Disorder. Associating with famous and special people provides them a sense of importance. These individuals can quickly shift from over-idealizing others to devaluing them.

However, the same is true of their self-judgments. They tend to vacillate between feeling like they have unlimited abilities, and then feeling deflated, worthless, and devastated when they encounter their normal, average human limitations. Despite their bravado, people with Narcissistic Personality Disorder require a lot of admiration from other people in order to bolster their own fragile self-esteem. They can be quite manipulative in extracting the necessary attention from those people around them.

Borderline Personality Disorder

Borderline Personality Disorder* is one of the most widely studied personality disorders. People with Borderline Personality Disorder tend to experience intense and unstable emotions and moods that can shift fairly quickly. They generally have a hard time calming down once they have become upset. As a result, they frequently have angry outbursts and engage in impulsive behaviors such as substance abuse, risky sexual liaisons, self-injury, overspending, or binge eating. These behaviors often function to sooth them in the short-term, but harm them in the longer term.Angry woman

People with Borderline Personality Disorder tend to see the world in polarized, over-simplified, all-or-nothing terms.

They apply their harsh either/or judgments to others and to themselves and their perceptions of themselves and others may quickly vacillate back and forth between "all good" and "all bad."

This tendency leads to an unstable sense of self, so that persons with this disorder tend to have a hard time being consistent.

They can frequently change careers, relationships, life goals, or residences. Quite often these radical changes occur without any warning or advance preparation.

Black-and-White Thinking and Emotion Dysregulation in Borderline Personality Disorder

Screen Shot 2015-11-10 at 2.44.21 PMPeople with Borderline Personality Disorder tend to view the world in terms of black-and-white, or all-or-nothing thinking. Their tendency to see the world in black-or-white (polarized) terms makes it easy for them to misinterpret the actions and motivations of others.

These polarized thoughts about their relationships with others lead them to experience intense emotional reactions, which in turn interacts with their difficulties in regulating these intense emotions.

The result is that they will characteristically experience great distress which they cannot easily control and may subsequently engage in self-destructive behaviors as they do their best to cope.

The intensity of their emotions, coupled with their difficulty regulating these emotions, leads them to act impulsively.

To illustrate the way black-and-white thinking, emotional dys-regulation, and poor impulse regulation all merge and culminate to create interpersonal conflict and distress, let's use an example:

Suppose the partner of a woman with Borderline Personality Disorder fails to remember their anniversary. Black-and-white thinking causes her to conclude, "He doesn't love me anymore" and all-or-nothing thinking leads her to (falsely) conclude, "If he does not love me, then he must hate me."

Such thoughts would easily lead to some pretty intense emotions, such as feeling rejected, abandoned, sad, and angry. She has a hard time tolerating and dealing with these intense feelings and

consequently becomes highly upset and overwhelmed. The intensity of her negative feelings seems unbearable.

Next she has a powerful impulse to "do something" just so that these feelings will go away. She might angrily accuse her partner of having an affair and she might plead with her partner not to leave her.

Meanwhile her partner is baffled by this extreme reaction, particularly since he is not having an affair, and he readily recalls all his other recent loving gestures. Her partner might also become angry at these wild accusations of infidelity and so the conflict escalates and things get more intense.

Alone after the fight, the woman feels overwhelming self-loathing or numbness and goes on to intentionally injure herself (by cutting or burning herself) as a way to cope with her numbness.

When her partner learns about this self-harm behavior he can't understand it and concludes he is being manipulated. He expresses his strong concern for her well-being but also his anger. In turn, she feels misunderstood.

Clearly, the Borderline Personality Disorder with its combination of distorted thought patterns, intense and under-regulated emotions, and poor impulse control is practically designed to wreak havoc on any interpersonal relationship.

Dialectical Behavior Therapy (DBT) Learn more about Dialectical Behavior Therapy for Borderline Personality Disorder

*It is important to remember that everyone can exhibit some of these personality traits from time to time. To meet the diagnostic requirement of a personality disorder, these traits must be inflexible; i.e., they can be regularly observed without regard to time, place, or circumstance.

Furthermore, these traits must cause functional impairment and/or subjective distress. Functional impairment means these traits interfere with a person's ability to functional well in society. The symptoms cause problems in interpersonal relationships; or at work, school, or home. Subjective distress means the person with a personality disorder may experience their symptoms as unwanted, harmful, painful, embarrassing, or otherwise cause them distress. The above list only briefly summarizes these individual Cluster B personality disorders. Richer, more detailed descriptions of these disorders are found in the section describing the four core features of personality disorders.

https://www.mentalhelp.net/personality-disorders/cluster-b/

[note: this first part may be modified or ommitted and merely propounds ideas that may be prgagmatically useful to ensure one's safety. The second part is tailored more to people in the USA]

WILL OF [insert name here]

In the event that I, [insert name], am assassinated while incarcerated or an apparent accident befalls me (such as cancer; a heart attack or a stroke), know that it was probably murder at the hands of [the cabal/Other group/person,etc.-hereafter 'the cabal'; instantiate whomever seks harm to you here] and I would request my death be investigated to the fullest extent possible by outside third parties if possible preferably from out of the area where my death occured. Reference should especially be had to the work "Targeted Individual Handbook: Combating Gangstalking and Directed Energy Weapons" by Loki Hulgaard as this is the main modality of assassination of [the cabal/Other group/person,etc].

I refuse to be cremated as this is a means of concealing evidence that may be revealed during an autopsy and for this and other reasons request that I be given a proper burial of a traditional non-christian nature. I request no prayers of any christian kind be spoken around my person at any point in time.

I have foresworn suicide as a matter of principle now that I know at the time of writing this that this is the wish of [the cabal] and that I desire to continue to live if only to oppose their wishes.

The cases of Gordon Kahl, J.Edgar Steel; Werner Bock; Matt Hale and countless other known and unknown people who have had their lives ruined or been terminated by the cabal and its agents prove that those who oppose it if discovered are persecuted with extreme prejudice and an unrelenting desire to destroy the lives of the cabal's opponent.

Accordingly, I am leaving this will to ensure that my wishes are properly carried out to the letter and are not deviated from.

If I, [insert name here], become mentally or physically incapacitated and even if not, I reject all: administrations of foreign substances on or into my body, eg.: blood transfusions; vaccinations/innoculations/shots; pharmaceuticals/medications; radiation treatments; x-rays; electrical shock; chemical applications, etc.

Also I reject all additions or subtractions of body parts; artificial prostheses/implants or DNA foreign to my own body; also all surgeries save for setting bones or closing wounds or repairing the body to its prior condition as closely as possible adhering to the above conditions. Additionally I refuse to become an organ donor.

I require should I be incarcerated or institutionalized through a false psychiatric diagnosis of 'mental illness' that my sanitation/natural hygiene routine be adhered to as closely as possible as outlined in the book "Salubrious Living" by Arnold Devries with only the addition of kosher certified boiled eggs/high quality animal food not easily poisoned by the cabal's agents and that I be exposed to as much spiritually uplifting and enlightening material as can be afforded depending on my condition, eg. audio lectures and books within my range of interests and musical preferences [specify].

Also as much exercise as can be undergone conducive to optimal health in intensity and duration and sound, efficient rest and relaxation as well as exposure to the outdoors as outlined in the book "Salubrious Living" by Arnold Devries.

I will accept health care only from white/caucasian care givers, (preference being given to those who are not christians or freemasons) to minimize the probability of poisoning or being falsely diagnosed as 'mentally ill' for which see the book "Psychiatric Fraud" by Richard Lighthouse as my defense against any such flase diagnoses.

I refuse all vaccines especially if they may contain MRC-5 and if there is a possibility of an iatrogenic reaction.

Any medical procedure I do not consent to amounts to medical coercion as no informed consent was given.

Power of attorney goes to/is to be vested in [insert name], my mother and defaults to [insert name], in the event of her inability to act in this capacity.

All earthly goods I own/possess are to be given into the custody of [insert name]

[Other requests made here]

Declaration of Intention

I, _____, born on _____

in _____, address _____

being of sound mind, willfully and voluntarily make known my desire that should it be so considered or decided that I be subject to involuntary incarceration or hospitalization (also known as committal and certification) in a psychiatric hospital, ward, facility, home or nursing home, and/or that I be subject to psychiatric procedures including, but not limited to any form of psychosurgical neurological operation such as lobotomy or leucotomy, electro-convulsive treatment (also known as electroshock or shock treatment and ECT), psychotropic drugs (including benzodiazepines, major tranquilizers, antidepressants, barbiturates or neuroleptics generally); deep sleep treatment (narcosis, narcosynthesis, sleep therapy, prolonged narcosis, modified narcosis or neuroleptization), sterilization, insulin shock or any other physically based psychiatric or psychological treatment or practice, I direct that such incarceration, hospitalization, treatment or procedures not be imposed, committed or used on me.

I refuse contact with and treatment by any psychiatrist, psychologist or other mental health practitioner as these practices, according to my philosophic and/or religious convictions, do not adequately or properly diagnose and such diagnoses can constitute a false accusation about my behavior and/or beliefs and practices, and are stigmatizing and therefore a threat to one's reputation and physical and mental well-being. Any of their treatments, given against my expressed wish, are an intrusion upon and thus an assault on my body and constitute, in my view, criminal assault. Any involuntary hospitalization or commitment is a violation of my right to liberty and would therefore constitute a false imprisonment by all those advocating and authorizing such action, against my consent and wishes. If in the future, I am accused of a crime, then I direct that I be subject to due process accorded to the criminally accused and not subjected to psychiatric or psychological assessment, processing, profile, confinement or treatments.

Among other situations, the above directions and positions apply in any case where my capacity or ability to give instructions may be or may be claimed to be impaired, or should I be in a state of unconsciousness, or should my communication in an actual and/or legal sense be impossible, or where any psychiatrist, psychologist, mental health practitioner, or law enforcement official or person asserts that the matter is a "life-saving" situation requiring emergency intervention and/or treatment under any involuntary commitment law or similar legal authority.

In the absence of my ability to give further directions regarding the above, it is my intention that this declaration be honored by my family and physician(s) as an expression of my legal right to refuse medical, psychological, psychiatric or surgical treatment.

The attorneys mentioned below are appointed and authorized to institute appropriate proceedings on my behalf should the above declaration be violated and have my permission herewith to proceed with whatever criminal and/or civil procedures necessary to rectify such a violation.

I herewith authorize the following person(s) with the enforcement of this declaration of intention:

_____ _____

_____ _____

All medical doctors and their organizations as well as therapists are expressly released from their professional discretion or confidentiality towards provision of information to the above named attorney(s).

The declaration is also binding for my lawful agents, guardians, family, executors or any person with the legal or other right to take care of me or my affairs.

_____ _____

Signed Date

_____

Address

_____

_____

Signature of Notary / Justice of the Peace / attorney, etc. Name of Notary

_____

at

_____

Before me on this date (date notary witnessed the signature) (Place where signature is witnessed / notarized)

BERSERKER

BOOKS